



Prior Authorization Criteria  
**Quantity Limits**

All requests for quantity limits above those listed below require a prior authorization and will be screened for medical necessity and appropriateness using the criteria listed below.

**A.** Quantity limits may be established based on any of the following:

1. The Food and Drug Administration (FDA) approved prescribing information (PI)
  - a. Maximum doses of the medication
  - b. Limit to the duration of treatment associated with specific diagnoses
  - c. Dosing frequency of the medication
2. Published quantity limits in clinical trials and published guidelines for which the medication safety and efficacy have been established
3. Patient safety concerns based on trending of Gateway's utilization data
  - a. Medications may not have a maximum dose, but there are alternatives available (immediate release versus extended release products)
  - b. More appropriate tablet strength available
  - c. Injectable medications used for a brief duration to bridge treatment to an oral product
4. Medications with high potential for abuse

**B. Processing Prior Authorization Requests for Medications Exceeding the Quantity Limits:**

The Pharmacy Department will follow the procedures outlined in CP-206-MD-PA after receiving a request for a prior authorization for a medication listed in Attachment A that exceeds the listed quantity limit.

1. The Pharmacy Department Pharmacy Associate and/or a Clinical Pharmacist will utilize the following criteria and clinical pharmacy expertise to make a determination of medical necessity when reviewing an exception request that exceeds the quantity limit listed in Attachment A. They will review specifically, whether the:
  - a. The requested dose falls within approved maximum dosing guidelines set forth by the FDA.
  - b. The requested dose is the optimal dosage form for the member or if half tablets, titration or more frequent dosing is necessary.
  - c. If there are other therapeutic alternatives that are available and may be more appropriate.
  - d. If the requested medication is for an opioid analgesic, if other alternatives have been tried and if the member may be more appropriately pain controlled on a long acting analgesic.
  - e. Recipient's physician provides reference from a peer-reviewed medical literature/journal for use of a higher dose.

2. The Pharmacy Department Pharmacy Associate and/or Clinical Pharmacist refers the request and any collected clinical information to the Medical Director if criteria are not met (Please see policy *UM-225-MD-PA*). Any decision to deny a prior authorization request or to authorize a service in an amount, duration, or scope that is less than requested is made by a Medical Director. The reason for denial and the offering of peer review will be noted in the documentation related to the request.

**Quantity Limits of Medications**

Brand Name	Generic Name	Quantity Limit	Indication
Abilify	aripiprazole	30 tablets per month	
Abilify Maintena	Aripiprazole	1 injection per 28 days	
ABREVA 10% CREAM	DOCASONAL	1 tube per 30 days	
ABSTRAL SUBLINGUAL TABLET	FENTANYL CITRATE SUBLINGUAL	120 tablets per 30 days	
Accolate	zafirlukast	60 tablets per month	
Accuneb	albuterol inhalation solution	120 vials or 360mL per month	
ACCUPRIL TABLET	QUINAPRIL	60 tablets per 30 days	
ACCURETIC TABLET 10 MG/12.5 MG, 20 MG/25 MG	QUINAPRIL/HYDROCHLOROTHIAZIDE	30 tablets per 30 days	
ACCURETIC TABLET 20 MG/12.5 MG	QUINAPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days	
ACEON TABLET	PERINDOPRIL	60 tablets per 30 days	
ACETAMINOPHEN 100 MG/ML, 80 MG/0.8 ML LIQUID	ACETAMINOPHEN	240 mL per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ACETAMINOPHEN TAB/CAP/SUPPOSITORY 120 MG, 160MG	ACETAMINOPHEN	600 tablets/capsul es/suppositori es per 30 days	
ACETAMINOPHEN 160 MG/5 ML, 80 MG/2.5 ML LIQUID	ACETAMINOPHEN	2250 mL per 30 days	
ACETAMINOPHEN 320 MG/10 ML, 320 MG/10.15 ML, 650 MG/20.3 ML LIQUID	ACETAMINOPHEN	3000 mL per 30 days	
ACETAMINOPHEN TAB/CAP/SUPPOSITORY 325 MG	ACETAMINOPHEN	300 tablets/capsul es/suppositori es per 30 days	
ACETAMINOPHEN CAP/TAB/SUPPOSITORY 500 MG, 650 MG	ACETAMINOPHEN	180 tablets/capsul es/suppositori es per 30 days	
ACETAMINOPHEN 500 MG/15 ML LIQUID	ACETAMINOPHEN	2700 mL per 30 days	
ACETAMINOPHEN 500 MG/5 ML LIQUID	ACETAMINOPHEN	900 mL per 30 days	
ACETAMINOPHEN 640 MG/20 ML LIQUID	ACETAMINOPHEN	3750 mL per 30 days	
ACETAMINOPHEN TAB/CAP/SUPPOSITORY 80 MG	ACETAMINOPHEN	900 tablets/capsul es/suppositori es per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ACIPHEX 10 MG SPRINKLE DR CAPSULE	RABEPRAZOLE	60 capsules per 30 days	
ACIPHEX 20 MG TABLET EC	RABEPRAZOLE	60 tablets per 30 days	
ACIPHEX 5 MG SPRINKLE DR CAPSULE	RABEPRAZOLE	30 capsules per 30 days	
ACNEFREE SEVERE ACNE CLEARING SYSTEM	BENZOYL PEROXIDE WASH/EMOLLIENT	1 kit per 30 days	
ACTEMRA 162 MG/0.9 ML SYRINGE	TOCILIZUMAB	4 syringes per 28 days	
ACTEMRA VIAL 80 MG/4 ML, 200 MG/10 ML, 400 MG/20 ML	TOCILIZUMAB	45 mL per 30 days	
ACTIGALL 300 MG CAPSULE	URSODIOL	120 capsules per 30 days	
ACTIQ LOZENGE	FENTANYL CITRATE	120 lozenges per 30 days	
ACTONEL 150 MG TABLET	RISEDRONATE	1 tablet per 30 days	
ACTONEL TABLET 5 MG, 30 MG	RISEDRONATE	30 tablets per 30 days	
ACTONEL 35 MG TABLET	RISEDRONATE	4 tablets per 28 days	
ActoPlus Met	pioglitazone/metformin	90 tablets per month	
Actos	pioglitazone	30 tablets per month	
ADALAT CC TABLET 30 MG, 90 MG	NIFEDIPINE	30 tablets per 30 days	
ADALAT CC 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Adcirca	tadalafil	60 tablets per month	
Adderall	amphetamine salt combination	60 tablets per month	
Adderall XR 20mg, 25mg, 30mg	amphetamine salt combination extended release	60 capsules per month	
Adderall XR 5mg, 10mg, 15mg	amphetamine salt combination extended release	30 capsules per month	
ADEMPAS TABLET	RIOCIGUAT	90 tablets per 30 days	
ADLYXIN	LIXISENATIDE	2 pens per 28 days	
Admelog Solostar pen	insulin lispro	30 ml per month	
Admelog vial	insulin lispro	30 ml per month	
Advair HFA/Advair Diskus	fluticasone propionate/salmeterol	1 inhaler or diskus per month	
ADZENYS ER 1.25 MG/ML SUSPENSION	AMPHETAMINE EXTENDED-RELEASE	450 mL per 30 days	
ADZENYS XR-ODT TABLET	AMPHETAMINE	30 tablets per 30 days	
Aerospan	flunisolide	2 inhalers per month	
AFINITOR TABLET	EVEROLIMUS	30 tablets per 30 days	
AGGRENOX 25-200 MG CAPSULE	ASPIRIN/DIPYRIDAM OLE	60 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Aimovig	Erenumab	2mL/30 days	
Airduo Respiclick	fluticasone propionate and salmeterol	1 inhaler per month	
AKYNZEO 300/0.5 MG CAPSULE	NETUPITANT/PALON OSETRON	30 capsules per 30 days	
ALAVERT 10 MG TABLET	LORATADINE	30 tablets per 30 days	
ALAVERT CHILDREN'S SYRUP	LORATADINE	300 mL per 30 days	
ALAVERT-D 12 HR	PSEUDOEPHEDRINE/LORATADINE	60 tablets per 30 days	
ALBENZA 200 MG TABLET	ALBENDAZOLE	120 tablets per 30 days	
Albuterol 2.5mg/0.5ml	albuterol inhalation soln	160ml per month	
Albuterol 2.5mg/3ml	albuterol inhalation soln	375ml per month	
Albuterol 5mg/ml	albuterol inhalation soln	80ml per month	
ALECENSA 150 MG CAPSULE	ALECTINIB HCL	240 capsules per 30 days	
ALINIA 100 MG/5 ML SUSPENSION	NITAZOXANIDE	1800 mL per 30 days	
ALINIA 500 MG TABLET	NITAZOXANIDE	60 tablets per 30 days	
ALLEGRA 180 MG TABLET	FEXOFENADINE	30 tablets per 30 days	
ALLEGRA 30 MG/5 ML SUSPENSION	FEXOFENADINE ORAL	300 mL per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ALLEGRA TABLET/CAPSULE/ODT TABLET 30 MG, 60 MG	FEXOFENADINE	60 capsules/tablets per 30 days	
ALLEGRA-D 12 HR TABLET	PSEUDOEPHEDRINE/ FEXOFENADINE	60 tablets per 30 days	
ALLEGRA-D 24 HR TABLET	PSEUDOEPHEDRINE/ FEXOFENADINE	30 tablets per 30 days	
ALLZITAL 25 MG/325 MG TABLET	BUTALBITAL/ACETA MINOPHEN	18 tablets per 30 days	
ALTACE 1.25 MG CAPSULE	RAMIPRIL	30 capsules per 30 days	
ALTACE 10 MG CAPSULE	RAMIPRIL	60 capsules per 30 days	
ALTACE CAPSULE 2.5 MG, 5 MG	RAMIPRIL	120 capsules per 30 days	
ALTOPREV TABLET	LOVASTATIN ER	30 tablets per 30 days	
ALUNBRIG TABLET 90 MG, 180 MG, 90-180 MG TAB PACK	BRIGATINIB	30 tablets per 30 days	
ALUNBRIG 30 MG TABLET	BRIGATINIB	120 tablets per 30 days	
Alvesco	ciclesonide	2 inhalers per month	
Amaryl 1mg, 2mg	glimepiride	30 tablets per month	
Ambien	zolpidem	30 tablets per month	
AMBIEN CR	ZOLPIDEM ER	30 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
AMERGE TABLET	NARATRIPTAN	9 tablets per 30 days	
AMERISOURCE LICE BEDING SPRAY	PERMETHRIN 0.5%	5 oz ( 142g) per 5 days	
AMITIZA 24 MCG CAPSULE	LUBIPROSTONE	60 capsules per 30 days	
AMITIZA 8 MCG CAPSULE	LUBIPROSTONE	120 capsules per 30 days	
AMPYRA ER 10 MG TABLET	DALFAMPRIDINE	60 tablets per 30 days	
AMRIX ER CAPSULE	CYCLOBENZAPRINE ER	30 capsules per 30 days	
Anafranil 25mg	clomipramine	30 capsules per month	
Anafranil 50mg	clomipramine	90 capsules per month	
Anafranil 75mg	clomipramine	60 capsules per month	
ANAPROX 275 MG TABLET	NAPROXEN	90 tablets per 30 days	
ANAPROX DS 550 MG TABLET	NAPROXEN	90 tablets per 30 days	
ANDRODERM PATCH	TESTOSTERONE	30 patches per 30 days	
ANDROGEL 1% GEL (2.5 GM) PACKET/PUMP	TESTOSTERONE	225 grams per 30 days	
ANDROGEL 1% (5 GM) GEL PACKET	TESTOSTERONE	300 grams per 30 days	
ANDROGEL 1.62% (1.25 GM) GEL PACKET	TESTOSTERONE	37.5 grams per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
ANDROGEL 1.62% GEL (2.5 GM) PACKET/PUMP	TESTOSTERONE	150 grams per 30 days	
ANDROID 10 MG CAPSULE	METHYLTESTOSTERONE	150 capsules per 30 days	
ANDROXY 10 MG TABLET	FLUOXYMESTERONE	120 tablets per 30 days	
Anoro Ellipta	umeclidinium and vilanterol	1 inhaler per month	
ANTARA CAPSULE 90 MG, 130 MG	FENOFIBRATE MICRONIZED	30 capsules per 30 days	
ANTARA CAPSULE 30 MG, 43 MG	FENOFIBRATE MICRONIZED	60 capsules per 30 days	
ANZEMET 100 MG TABLET	DOLASETRON	30 tablets per 30 days	
ANZEMET 50 MG TABLET	DOLASETRON	60 tablets per 30 days	
Apadaz	Benzhydrocodone and acetaminophen	180 tablets per 30 days	
Apidra	insulin glulisine	30 mL per month	
APLENZIN ER TABLET	BUPROPION HYDROBROMIDE	30 tablets per 30 days	
APRISO 0.375 GRAM ER CAPSULE	MESALAMINE	120 capsules per 30 days	
APTIOM TABLET 200 MG, 400 MG	ESLICARBAZEPINE	30 tablets per 30 days	
APTIOM TABLET 600 MG, 800 MG	ESLICARBAZEPINE	60 tablets per 30 days	
Aptivus 250mg	tipranavir	120 capsules per month	

Brand Name	Generic Name	Quantity Limit	Indication
Arava	leflunomide	30 tablets per month	
ARCALYST 220 MG INJECTION	RILONACEPT	5 vials per 28 days	
ARCAPTA NEOHALER 75 MCG CAPSULE	INDACATEROL	30 capsules per 30 days	
Aricept	donepezil	30 tablets per month	
ARIMIDEX 1 MG TABLET	ANASTROZOLE	30 tablets per 30 days	
ARISTADA ER 1064 MG/3.9 ML	ARIPIRAZOLE LAUROXIL	1 syringe per 60 days	
ARISTADA ER SYRINGE 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	ARIPIRAZOLE LAUROXIL	1 syringe per 30 days	
Arixtra	fondaparinux	10 syringes per month	
ARMONAIR RESPICLICK	FLUTICASONE PROPIONATE	1 inhaler per 30 days	
AROMASIN 25 MG TABLET	EXEMESTANE	60 tablets per 30 days	
Arnuity Ellipta	fluticasone	1 inhaler per month	
Artane 2mg	trihexyphenidyl	180 tablets per month	
Artane 5mg	trihexyphenidyl	90 tablets per month	
ARTHROTEC EC 50 MG/200 MCG	DICLOFENAC SODIUM/MISOPROSTOL	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ARTHROTEC EC 75 MG/200 MCG	DICLOFENAC SODIUM/MISOPROSTOL	90 tablets per 30 days	
ARYMO ER 15 MG TABLET	MORPHINE SULFATE	90 tablets per 30 days	
ARYMO ER TABLET 30 MG, 60 MG	MORPHINE SULFATE	60 tablets per 30 days	
ASACOL HD 800 MG TABLET	MESALAMINE	180 tablets per 30 days	
ASCOMP WITH CODEINE CAPSULE	BUTALBITAL/ASA/CAPSAIC ACID/AFFEINE/CODEINE	18 capsules per 30 days	
Asendin 25mg, 50mg	amoxapine	90 tablets per month	
Asendin 100mg	Amoxapine	120 tablets per month	
Asendin 150mg	amoxapine	60 tablets per month	
Asmanex	mometasone furoate	1 inhaler per month	
ASPIRIN SUPPOSITORY	ASPIRIN	180 suppositories per 30 days	
ASPIRIN TAB/CAP	ASPIRIN	360 tablets/capsules per 30 days	
ASTELIN 0.1% NASAL SPRAY	AZELASTINE	1 bottle per 25 days	
ASTEPRO NASAL SPRAY	AZELASTINE	1 bottle per 25 days	
ATACAND 32 MG TABLET	CANDESARTAN	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ATACAND TABLET 4 MG, 8 MG, 16 MG	CANDESARTAN	60 tablets per 30 days	
ATACAND HCT 16/12.5 MG TAB	CANDESARTAN/HCT Z	60 tablets per 30 days	
ATACAND HCT TAB 32/12.5 MG, 32/25 MG	CANDESARTAN/HCT Z	30 tablets per 30 days	
ATELVIA 35 MG DR TABLET	RISEDRONATE	4 tablets per 28 days	
Ativan 0.5mg, 2mg	lorazepam	90 tablets per month	
Ativan 1mg	lorazepam	180 tablets per month	
ATRIPLA 600 MG/200 MG/300 MG TABLET	EFAVIRENZ/EMTRICITABINE/TENOFOVIR DF	30 tablets per 30 days	
Atrovent HFA	ipratropium bromide inhaler	2 inhalers per month	
Atrovent Inhalation Solution	ipratropium bromide inhalation solution	120 vials or 300mL per month	
Atrovent Nasal Spray 0.03%	ipratropium bromide nasal spray	1 bottle per month (30mL)	
Atrovent Nasal Spray 0.06%	ipratropium bromide nasal spray	2 bottles per month (30mL total)	
AUBAGIO 14 MG TABLET	TERIFLUNOMIDE	30 tablets per 30 days	
AUBAGIO 7 MG TABLET	TERIFLUNOMIDE	30 tablets per 30 days	
AURYXIA 210 MG TABLET	FERRIC CITRATE	360 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
AUSTEDO 12 MG TABLET	DEUTETRABENAZIN E	120 tablets per 30 days	
AUSTEDO 6 MG TABLET	DEUTETRABENAZIN E	60 tablets per 30 days	
AUSTEDO 9 MG TABLET	DEUTETRABENAZIN E	120 tablets per 30 days	
AVALIDE 150-12.5 MG TABLET	IRBESARTAN/HCTZ	60 tablets per 30 days	
AVALIDE 300-12.5 MG TABLET	IRBESARTAN/HCTZ	30 tablets per 30 days	
Avandamet	rosiglitazone/metformin	60 tablets per month	
Avandaryl 4/1mg	rosiglitazone/glimepiride	30 tablets per month	
Avandaryl 4/2mg, 4/4mg	rosiglitazone/glimepiride	60 tablets per month	
Avandia	rosiglitazone	30 tablets per month	
AVAPRO 75MG,150 MG, 300 MG TABLET	IRBESARTAN	30 tablets per 30 days	
AVEED 750 MG/3 ML VIAL	TESTOSTERONE UNDECANOATE	3ml initial, then 3ml in 28 days, then 3ml per 70 days	
Avelox	moxifloxacin	10 tablets per month	
AVINZA 30,45,60,75,90, 120 MG CAPSULES	MORPHINE SULFATE ER	30 capsules per 30 days	
AVODART 0.5 MG SOFTGEL	DUTASTERIDE	30 softgels per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Avonex	interferon beta-1a	1 package (4 vials) per month	
AVONEX PEN 30 MCG/0.5 ML AUTOINJECTOR KIT	INTERFERON BETA-1A	2ML per 28 days	
AVONEX PREFILLED SYRINGE 30 MCG KIT	INTERFERON BETA-1A	1 kit (4 syringes) per 28 days	
AXERT 12.5 MG TABLET	ALMOTRIPTAN	9 tablets for 30 days	
AXERT 6.25 MG TABLET	ALMOTRIPTAN	6 tablets for 30 days	
AXIRON 30 MG/ACTUATION SOLUTION	TESTOSTERONE	180 mL (two bottles) per 30 days	
AYGESTIN 5 MG TABLET	NORETHINDRONE ACETATE	90 tablets per 30 days	
AZACTAM 1 GM INJECTION VIAL	AZTREONAM	90g per 30 days	
AZACTAM 2 GM INJECTION VIAL	AZTREONAM	240g per 30 days	
AZILECT 0.5, 1 MG TABLET	RASAGILINE	30 tablets per 30 days	
AZOR 10/20,10/40,5/20,5/40 MG TABLET	AMLODIPINE/OLMESARTAN	30 tablets per 30 days	
AZULFIDINE 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days	
AZULFIDINE EN-TAB 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days	
BANZEL 200 MG TABLET	RUFINAMIDE	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
BANZEL 40 MG/ML SUSPENSION	RUFINAMIDE	2400ML per 30 days	
BANZEL 400 MG TABLET	RUFINAMIDE	240 tablets per 30 days	
Baraclude 0.5mg, 1mg	Entecavir	30 tablets per 30 days	
BC ARTHRITIS POWDER PACKET 1000 MG/65 MG	ASPIRIN/CAFFEINE	120 packets per 30 days	
BELSOMRA 5,10,15,20 MG TABLET	SUVOREXANT	30 tablets per 30 days	
BENICAR 5,20,40 MG TABLET	OLMESARTAN	30 tablets per 30 days	
BENICAR HCT 20/12.5,40/12.5,40/25 MG TAB	OLMESARTN/HYDRO CHLOROTHIAZIDE	30 tablets per 30 days	
Berinert	C1 esterase inhibitor	12 vials per month	
BETHKIS 300 MG/4 ML INHALATION SOLUTION VIAL	TOBRAMYCIN	240 ampules per 30 days	
Bevespi Aerosphere	Glycopyrrolate/formoterol fumarate	1 inhaler per 30 days	
Biaxin, Biaxin XL	clarithromycin	28 tablets per 30 days	
BICILLIN L-A 1,200,000 UNITS/2 ML	PENICILLIN G BENZATHINE	2.1ml per 30 days	
BICILLIN L-A 2,400,000 UNITS/4 ML	PENICILLIN G BENZATHINE	17.7ml per 30 days	
BICILLIN L-A 600,000 UNITS/ML	PENICILLIN G BENZATHINE	2.4ml per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Biktarvy	bictegravir, emtricitabine, tenofovir alafenamide	30 tablets per 30 days	
BINOSTO 70 MG EFFERVESCENT TABLET	ALENDRONATE	4 tablets per 28 days	
BONIVA 150 MG TABLET	IBANDRONATE	1 tablet per 30 days	
BONIVA 3 MG/3 ML SYRINGE	IBANDRONATE	1 syringe per 30 days	
BONJESTA ER 20-20 MG TABLET	DOXYLAMINE AND PYRIDOXINE EXTENDED-RELEASE	60 tablets per 30 days	
BOSULIF 100 MG TABLET	BOSUTINIB	90 tablets per 30 days	
BOSULIF 400,500 MG TABLET	BOSUTINIB	30 tablets per 30 days	
BOTOX 100 UNITS INJECTION VIAL	ONABOTULINUMTO XIN A	3 vials per 30 days	
BOTOX 200 UNITS INJECTION VIAL	ONABOTULINUMTO XIN A	2 vials per 30 days	
BPO 4%, 8% CREAMY WASH KIT	BENZOYL PEROXIDE	30g per 30 days	
Breo Ellipta	fluticasone and vilanterol	1 inhaler per month	
BRILINTA 60,90 MG TABLET	TICAGRELOR	60 tablets per 30 days	
BRISDELLE 7.5 MG CAPSULE	PAROXETINE MESYLATE	30 capsules per 30 days	
BRIVIACT 10,25,50 MG TABLET	BRIVARACETAM	120 tablets per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
BRIVIACT 10MG/ML, 50 MG/ML ORAL SOLUTION	BRIVARACETAM	600ML per 30 days	
BRIVIACT 75, 100 MG TABLET	BRIVARACETAM	60 per 30 days	
Brovana	arformoterol	120 mL (60 vials) per month	
BUPAP 50 MG/300 MG TABLET	BUTALBITAL/ACETA MINOPHEN	18 tablets per 30 days	
Buspar 5mg, 7.5mg, 15mg	bupirone	120 tablets per month	
Buspar 10mg, 30mg	bupirone	60 tablets per month	
BUTISOL SODIUM 30 MG TABLET	BUTABARBITAL SODIUM	105 tablets per 30 days	
BUTRANS 5,7.5,10,15,20 MCG/HR TRANSDERMAL SYSTEM	BUPRENORPHINE TRANSDERMAL	4 patches per 28 days	
Bydureon 2mg pen	exenatide	4 pens per 28 days	
Bydureon 2mg/0.65ml syringe	exenatide	4 syringes per 28 days	
Bydureon BCISE 2mg/0.85ml	exenatide	4 pens per 28 days	
Byetta 10mcg/0.04ml	exenatide	2.4ml (1 pen) per month	
Byetta 5mcg/0.02ml	exenatide	1.2ml (1 pen) per month	
BYSTOLIC 5, 10 MG TABLET	NEBIVOLOL	45 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
BYSTOLIC 2.5 MG TABLET	NEBIVOLOL	30 tablets per 30 days	
BYSTOLIC 20 MG TABLET	NEBIVOLOL	60 tablets per 30 days	
BYVALSON 5/80 MG TABLET	NEBIVOLOL/VALSARTAN	30 tablets per 30 days	
CABOMETYX 20,40,60 MG TABLET	CABOZANTINIB	30 tablets per 30 days	
CADUET TABLETS	AMLODIPINE/ATORVASTATIN	30 tablets per 30 days	
CAFERGOT TABLET	ERGOTAMINE/CAFFEINE	42 tablets per 30 days	
Calan SR	verapamil	30 tablets per month	
CALQUENCE 100 MG CAPSULE	ACALABRUTINIB	60 tablets per 30 days	
CAMBIA 50 MG POWDER PACKET	DICLOFENAC POTASSIUM POWDER	9 packets per 30 days	
CANCIDAS IV 50,70 MG VIAL	CASPOFUNGIN	14 vials per 14 days	
CAPACET 50 MG/325 MG/40 MG CAPSULE	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	18 capsules per 30 days	
CAPITAL WITH CODEINE 120 MG-12 MG/5 ML SUSPENSION	ACETAMINOPHEN/CODEINE	2700ML per 30 days	
CAPOTEN TABLETS	CAPTOPRIL	90 per 30 days	
CAPOZIDE TABLETS	CAPTOPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
CAPRELSA 100 MG TABLET	VANDETANIB	60 tablets per 30 days	
CAPRELSA 300 MG TABLET	VANDETANIB	30 tablets per 30 days	
CARBATROL ER 100 MG CAPSULE	CARBAMAZEPINE ER	180 capsules per 30 days	
CARBATROL ER 200 MG CAPSULE	CARBAMAZEPINE ER	240 capsules per 30 days	
CARBATROL ER 300 MG CAPSULE	CARBAMAZEPINE ER	150 capsules per 30 days	
CARDENE 20 MG CAPSULE	NICARDIPINE	180 capsules per 30 days	
CARDENE 30 MG CAPSULE	NICARDIPINE	90 capsules per 30 days	
CARDIZEM 120 MG TABLET	DILTIAZEM	90 tablets per 30 days	
CARDIZEM 30, 60, 90 MG TABLET	DILTIAZEM	120 tablets per 30 days	
CARDIZEM CD 180,240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days	
CARDIZEM CD 120, 300, 360 MG CAPSULE	DILTIAZEM	30 capsules per 30 days	
CARDIZEM LA 120, 180, 300, 360, 420 MG TABLET	DILTIAZEM	30 tablets per 30 days	
CARDIZEM LA 240 MG TABLET	DILTIAZEM	60 tablets per 30 days	
CARDURA 1mg, 2mg TABLET	DOXAZOSIN	30 tablets per 30 days	
CARDURA 8 MG TABLET	DOXAZOSIN	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
CARDURA XL 4, 8 MG TABLET	DOXAZOSIN	30 tablets per 30 days	
CARTIA XT 120,180,300 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days	
CARTIA XT 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days	
CATAFLAM 50 MG TABLET	DICLOFENAC POTASSIUM	120 tablets per 30 days	
Catapres 0.1mg, 0.2mg	clonidine	60 tablets per month	
Catapres 0.3mg	clonidine	240 tablets per month	
CAYSTON 75 MG/ML INHALATION SOLUTION VIAL	AZTREONAM LYSINE	84 vials per 28 days	
Celebrex 100mg	celecoxib	60 tablets per 30 days	
Celebrex 200mg	celecoxib	60 tablets per 30 days	
Celexa	citalopram	30 tablets per month	
Celexa solution	citalopram 10mg/5mL solution	600mL per month	
CELONTIN 300 MG CAPSULE	METHOSUXIMIDE	120 capsule per 30 days	
Cerdelga	Eliglustat	60 capsules per month	
CESAMET 1 MG CAPSULE	NABILONE	180 capsules per 30 days	
CHANTIX 0.5 MG TABLET	VARENICLINE	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
CHANTIX 1 MG CONTINUING MONTH PAK	VARENICLINE	60 tablets per 30 days	
CHANTIX 1 MG TABLET	VARENICLINE	60 tablets per 30 days	
CHLORAL HYDRATE 500 MG/5 ML SOLN	CHLORAL HYDRATE	300ML per 30 days	
CHLORPROPAMIDE 100 MG TABLET	CHLORPROPAMIDE	90 tablets per 30 days	
CHLORPROPAMIDE 250 MG TABLET	CHLORPROPAMIDE	60 tablets per 30 days	
CHOLINE/MAG TRISAL 1000 MG TABLET	CHOLINE/MAGNESIUM TRISALICYLATE	120 tablets per 30 days	
CHOLINE/MAG TRISAL 500 MG TABLET	CHOLINE/MAGNESIUM TRISALICYLATE	180 tablets per 30 days	
CHOLINE/MAG TRISAL 500 MG/5 ML LIQUID	CHOLINE/MAGNESIUM TRISALICYLATE	1350ML per 30 days	
CHOLINE/MAG TRISAL 750 MG TABLET	CHOLINE/MAGNESIUM TRISALICYLATE	180 tablets per 30 days	
CIMDUO 300-300 MG TABLET	LAMIVUDINE AND TENOFOVIR DF	30 tablets per 30 days	
CIMZIA 200 MG VIAL KIT	CERTOLIZUMAB PEGOL	3 kits per 28 days	
CIMZIA 200 MG/ML STARTER KIT	CERTOLIZUMAB PEGOL	3 kits per 28 days	
CIMZIA 200 MG/ML SYRINGE KIT	CERTOLIZUMAB PEGOL	3 kits per 28 days	
Cinryze	C1 esterase inhibitor	20 vials per month	
CLARINEX - D 12 HOUR TABLET	PSEUDOEPHEDRINE/ DESLORATADINE	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
CLARINEX - D 24 HOUR TABLET	PSEUDOEPHEDRINE/ DESLORATADINE	30 tablets per 30 days	
CLARINEX 0.5 MG/ML SYRUP	DESLORATADINE	300ML per 30 days	
CLARINEX 2.5 MG REDITABS	DESLORATADINE	30 tablets per 30 days	
CLARINEX 5 MG REDITABS	DESLORATADINE	30 tablets per 30 days	
CLARINEX 5 MG TABLET	DESLORATADINE	30 tablets per 30 days	
CLARITIN 10 MG REDITABS	LORATADINE	30 tablets per 30 days	
CLARITIN 10 MG TABLETS	LORATADINE	30 tablets per 30 days	
CLARITIN 5 MG/5 ML SYRUP	LORATADINE	300ML per 30 days	
CLARITIN CHEWABLE 5 MG TABLET	LORATADINE	60 tablets per 30 days	
CLARITIN-D 12 HOUR TAB SA	PSEUDOEPHEDRINE/ LORATADINE	60 tablets per 30 days	
CLARITIN-D 24 HOUR TAB ER	PSEUDOEPHEDRINE/ LORATADINE	30 tablets per 30 days	
CLINORIL 150, 200 MG TABLET	SULINDAC	60 tablets per 30 days	
Clozaril 200mg	clozapine	135 tablets per month	
Clozaril 25mg, 50mg, 100mg	clozapine	270 tablets per month	
Codeine sulfate	codeine sulfate	180 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Cogentin 0.5mg, 1mg	benztropine	180 tablets per month	
Cogentin 2mg	benztropine	90 tablets per month	
COLAZAL 750 MG CAPSULE	BALSALAZIDE	270 capsules per 30 days	
COLCRYS 0.6 MG TABLET	COLCHICINE	90 tablets per 30 days	
COLESTID 1 GRAM TABLET	COLESTIPOL	480 tablets per 30 days	
Combivent	ipratropium bromide/albuterol	2 inhalers per month	
Combivir	lamivudine/zidoduvine	60 tablets per month	
COMBUNOX 5 MG/400 MG TABLET	OXYCODONE/IBUPROFEN	120 tablets per 30 days	
COMETRIQ 100 MG DAILY DOSE PACK	CABOZANTINIB	56 tablets per 28 days	
COMETRIQ 140 MG DAILY DOSE PACK	CABOZANTINIB	112 tablets per 28 days	
COMETRIQ 60 MG DAILY DOSE PACK	CABOZANTINIB	84 tablets per 28 days	
COMMIT 2, 4 MG LOZENGE	NICOTINE POLACRILEX	600 lozenges per 30 days	
Complera	emtricitabine/rilpivirine/tenofovir	30 tablets per month	
COMTAN 200 MG	ENTACAPONE	240 tablets per 30 days	
Concerta 18mg, 27mg, 54mg	methylphenidate extended release	30 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Concerta 36mg	methylphenidate extended release	60 tablets per month	
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
CONTOUR USB BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per 365 days	
Copaxone	glatiramer acetate	1 package of 30 vials per month	
COREG 3.125, 6.25, 12.5 MG TABLET	CARVEDILOL	60 tablets per 30 days	
COREG 25 MG TABLET	CARVEDILOL	120 tablets per 30 days	
COREG CR CAPSULE	CARVEDILOL	30 capsules per 30 days	
CORLANOR TABLETS	IVABRADINE	60 tablets per 30 days	
COSENTYX	SECUKINUMAB	8 pens/syringes for the first month, then 2 pens/syringes per 28 days	
COTELLIC 20 MG TABLET	COBIMETINIB FUMARATE	90 tablets per 30 days	
COZAAR 25 AND 50 MG TABLET	LOSARTAN	60 tablets per 30 days	
COZAAR 100 MG TABLET	LOSARTAN	30 tablets per 30 days	
CRESEMBA 186 MG CAPSULE	ISAVUCONAZONIUM SULFATE	68 tablets per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
CRESTOR 5, 10, 20 MG TABLET	ROSUVASTATIN	45 tablets per 30 days	
CRESTOR 40 MG TABLET	ROSUVASTATIN	30 tablets per 30 days	
Crixivan 200mg	indinavir	360 tablets per month	
Crixivan 400mg	indinavir	180 tablets per month	
CUTTER BACKWOODS INSECT REPELLENT	DIETHYLTOLUAMIDE	12 oz per 30 days	
CUTTER SKINSATIONS INSECT REPELLENT	DIETHYLTOLUAMIDE	12 oz per 30 days	
CUTTER LEMON EUCALYPTUS INSECT REPELLENT	OIL OF LEMON EUCALYPTUS	12 oz per 30 days	
CVS LICE BEDDING SPRAY	PERMETHRIN 0.5%	5oz (142 gm) per 5 days	
CVS TOTAL HOME INSECT 30% SPRAY	DIETHYLTOLUAMIDE	6 oz (177mL) per 6 days	
Cymbalta 20mg, 30mg	duloxetine	60 capsules per month	
Cymbalta 60mg	duloxetine	60 capsules per month	
CYTOMEL 5 MCG TABLET	LIOTHYRONINE	120 tablets per 30 days	
CYTOMEL 25 MCG TABLET	LIOTHYRONINE	30 tablets per 30 days	
CYTOMEL 50 MCG TABLET	LIOTHYRONINE	60 tablets per 30 days	
DAKLINZA TABLET	DACLATASVIR	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
DALIRESP TABLET	ROFLUMILAST	30 tablets per 30 days	
DALMANE CAPSULE	FLURAZEPAM	30 capsules per 30 days	
DANTRIUM CAPSULE	DANTROLENE	120 capsules per 30 days	
DARAPRIM 25 MG TABLET	PYRIMETHAMINE	90 tablets per 30 days	
DAYPRO 600 MG TABLET	OXAPROZIN	90 tablets per 30 days	
DDAVP 0.01% NASAL SPRAY PUMP	DESMOPRESSIN ACETATE SOLUTION	12 ml per 30 days	
DELATESTRYL 200 MG/ML VIAL	TESTOSTERONE ENANTHATE	5 mL (1 vial) per 28 days	
DELZICOL 400 MG DR CAPSULE	MESALAMINE	180 capsules per 30 days	
DEMEROL 50 MG TABLET	MEPERIDINE	300 tablets per 30 days	
DEMEROL 100 MG TABLET	MEPERIDINE	150 tablets per 30 days	
DEMEROL 50 MG/5 ML SOLUTION	MEPERIDINE	1500 ml per 30 days	
DEMSER 250 MG CAPSULE	METYROSINE	480 capsules per 30 days	
DENAVIR 1% CREAM	PENCICLOVIR	37.5 grams per 30 days	
Depen	Penicillamine	480 capsules per month	
DEPO-PROVERA 150 MG/ML VIAL/SYRINGE	MEDROXYPROGESTERONE ACETATE	1 vial (1 ml) per 90 days	

Brand Name	Generic Name	Quantity Limit	Indication
DEPO-PROVERA 400 MG/ML VIAL/SYRINGE (2.5 ML)	MEDROXYPROGESTERONE ACETATE	4 vials (10 ml) per 28 days	
DEPO-SUBQ PROVERA 104 SYRINGE	MEDROXYPROGESTERONE ACETATE	1 vial (1 ml) per 90 days	
DEPO-TESTOSTERONE 100 MG/ML VIAL	TESTOSTERONE CYPIONATE	10mL (1 vial) per 28 days	
DEPO-TESTOSTERONE 200 MG/ML VIAL	TESTOSTERONE CYPIONATE	4 vials (4 ml) per 28 days	
DERMACINRX PRIZOPAK KIT	LIDOCAINE/PRILOCAINE	1 kit per 30 days	
DERMACINRX ZRM PAK KIT	LIDOCAINE/DIMETHICONE	1 kit per 30 days	
DESCOVY 200/25 MG TABLET	EMTRICITABINE/TENOFOVIR ALAFENAMIDE	30 tablets per 30 days	
Desoxyn	methamphetamine	150 tablets per month	
DETROL TABLET	TOLTERODINE	60 tablets per 30 days	
Detrol LA (all strengths)	Tolteradine ER	30 capsules per 30 days	
Dexedrine 10mg	d-amphetamine sulfate	60 tablets per month	
Dexedrine 15mg	d-amphetamine sulfate	120 tablets per month	
Dexedrine 5mg	d-amphetamine sulfate	90 tablets per month	
DEXEDRINE SPANSULE 5 MG	DEXTROAMPHETAMINE SR	60 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
DEXEDRINE SPANSULE 10 and 15 MG	DEXTROAMPHETAMINE SR	120 capsules per 30 days	
DEXILANT DR CAPSULE	DEXLANSOPRAZOLE	30 capsules per 30 days	
DEXTROSTAT TABLET	DEXTROAMPHETAMINE	180 tablets per 30 days	
DIABETA 1.25 and 2.5 MG TABLET	GLYBURIDE	60 tablets per 30 days	
DIABETA 5 MG TABLET	GLYBURIDE	120 tablets per 30 days	
Diabetic Test Strips ( $\geq$ 21 years of age or older)	Blood sugar diagnostic strips	150 test strips per 30 day(s)	
Diabetic Test Strips (< 21 years of age or older)	Blood sugar diagnostic strips	200 test strips per 30 days(s)	
DICLEGIS DR TABLET	DOXYLAMINE/PYRIDOXINE	120 tablets per 30 days	
DIFICID 200 MG TABLET	FIDAXOMICIN	60 tablets per 30 days	
DIFLUCAN 10 MG/ML and 40 MG/ML SUSPENSION	FLUCONAZOLE	300 ml per 30 days	
DIFLUCAN 50, 100, 200 MG TABLET	FLUCONAZOLE	60 tablets per 30 days	
DIFLUCAN 150 MG TABLET	FLUCONAZOLE	30 tablets per 30 days	
DIFLUNISAL 500 MG TABLET	DIFLUNISAL	90 tablets per 30 days	
DILACOR XR 120 and 180 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days	
DILACOR XR 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
DILANTIN 30 MG and 100 MG CAPSULE	PHENYTOIN	180 capsules per 30 days	
DILANTIN 125 MG/5 ML (100 MG/4 ML) LIQUID	PHENYTOIN	720 ml per 30 days	
DILANTIN 50 MG CHEWABLE INFATAB	PHENYTOIN	180 tablets per 30 days	
Dilaudid	hydromorphone	180 tablets per month	
Dilaudid solution	hydromorphone solution	2400 ml per month	
DILT-CD 120, 180, 300 MG CAPSULE	DILTIAZEM	30 capsules per 30 days	
DILT-CD 240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days	
DILTIA XT 120 and 180 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days	
DILTIA XT 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days	
DILTIAZEM ER 60 and 90 MG CAPSULE	DILTIAZEM	60 capsules per 30 days	
DILT-XR 120 and 180 MG CAP SA	DILTIAZEM	30 capsules per 30 days	
DILT-XR 240 MG CAP SA	DILTIAZEM	60 capsules per 30 days	
DILTZAC ER 120, 180, 300, 360 MG CAPSULE	DILTIAZEM	30 capsules per 30 days	
DILTZAC ER 240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days	
DIOVAN 40, 80, 160 MG	VALSARTAN	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
DIOVAN 320 MG	VALSARTAN	30 tablets per 30 days	
DIOVAN HCT TAB	VALSARTAN/HCTZ	30 tablets per 30 days	
DIPENTUM 250 MG CAPSULE	OLSALAZINE	120 capsules per 30 days	
DITROPAN 5 MG TABLET	OXYBUTYNIN	120 tablets per 30 days	
DITROPAN XL 5 MG TABLET	OXYBUTYNIN	30 tablets per 30 days	
DITROPAN XL 10 and 15 MG TABLET	OXYBUTYNIN	60 tablets per 30 days	
DITROPAN 5 MG/5 ML SYRUP	OXYBUTYNIN	600 ml per 30 days	
DORAL 15 MG TABLET	QUAZEPAM	30 tablets per 30 days	
DORYX DR TABLET	DOXYCYCLINE HYCLATE	30 tablets per 30 days	
DORYX MPC DR 120 mg tablet	DOXYCYCLINE HYCLATE	60 tablets per 30 days	
Dovonex	Calcipotriene cream and ointment	120g per 30 days	
Dovonex	Calcipotriene scalp solutions	60mL per 30 days	
DUETACT TABLET	PIOGLITAZONE/GLIMEPIRIDE	30 tablets per 30 days	
DUEXIS 800 MG/26.6 MG TABLET	IBUPROFEN/FAMOTIDINE	90 tablets per 30 days	
DULERADISKUS	MOMETASONE/FORMOTEROL	1 diskus (13 g) per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
DUONEB 0.5 MG-3 MG/3 ML INHALATION SOLUTION	IPRATROPIUM/ALBUTEROL	180 vials (540 ml) per 30 days	
DUPIXENT 300 MG/2 ML	DUPILUMAB	3 syringes (6 ml) during the first month, then 2 syringes (4 ml) per 28 days	
Duragesic	fentanyl transdermal patches	10 patches per 30 days	
Duzallo	Lesinurad/allopurinol	30 tablets per 30 days	
DYANAVEL XR 2.5 MG/ML SUSPENSION	DEXTROAMPHETAMINE/AMPHETAMINE	240 ml per 30 days	
DYMISTA NASAL SPRAY	AZELASTINE/FLUTICASONE	1 bottle (23g) per 30 days	
DYNACIRC CAPSULE	ISRADIPINE	60 capsules per 30 days	
DYNACIRC CR 5 MG TABLET SA	ISRADIPINE	30 tablets per 30 days	
DYNACIRC CR 10 MG TABLET SA	ISRADIPINE	60 tablets per 30 days	
DYSPORT INJECTION VIAL	ABOBOTULINUMTOXIN A	3 vials per 90 days	
EASYGLUCO BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
EC-NAPROSYN TABLET	NAPROXEN	90 tablets per 30 days	
EDARBI TABLET	AZILSARTAN	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
EDARBYCLOR TABLET	AZILSARTAN/CHLOR THALIDONE	30 tablets per 30 days	
Edurant	rilpivirine	30 tablets per month	
Effexor 25mg tablet	venlafaxine	90 tablets per month	
Effexor 37.5mg tablet	venlafaxine	60 tablets per month	
Effexor 50mg tablet	venlafaxine	120 tablets per month	
Effexor 75mg tablet	venlafaxine	150 tablets per month	
Effexor 100mg tablet	venlafaxine	90 tablets per month	
EFFEXOR XR 37.5 MG CAPSULE SA	VENLAFAXINE	30 capsules per 30 days	
EFFEXOR XR 75 MG CAPSULE SA	VENLAFAXINE	90 capsules per 30 days	
EFFEXOR XR 150 MG CAPSULE SA	VENLAFAXINE	60 capsules per 30 days	
Effexor XR 225mg	Venlafaxine ER	30 tablets per month	
EFFIENT 10 MG TABLET	PRASUGREL	30 tablets per 30 days	
Elavil 10mg, 25mg, 50mg, 75mg	amitriptyline	30 tablets per month	
Elavil 100mg, 150mg	amitriptyline	60 tablets per month	
ELDEPRYL 5 MG CAPSULE	SELEGILINE	60 capsules per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
ELIPHOS 667 MG TABLET	CALCIUM ACETATE	360 tablets per 30 days	
ELIQUIS TABLET	APIXABAN	60 tablets per 30 days	
ELIQUIS STARTER PACK	APIXABAN	74 tablets per 365 days	
ELMIRON 100 MG CAPSULE	PENTOSAN POLYSULFATE SODIUM	90 capsules per 30 days	
EMBEDA ER CAPSULE	MORPHINE SULFATE/NALTREXONE HCL ER	30 capsules per 30 days	
EMBRACE BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per 365 days	
EMBRACE BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
EMEND 115 MG and 150 MG INJECTION VIAL	FOSAPREPITANT	3 vials per 30 days	
EMEND 40 and 80 MG CAPSULE	APREPITANT	30 capsules per 30 days	
EMEND 125 MG CAPSULE	APREPITANT	10 capsules per 30 days	
EMEND BIFOLD PACK	APREPITANT	30 capsules per 30 days	
EMEND TRIFOLD PACK	APREPITANT	30 capsules per 30 days	
EMEND 125 MG POWDER PACKET	APREPITANT	30 packets per 30 days	
EMSAM HR TRANSDERMAL PATCH	SELEGILINE	30 patches per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Emtriva 200mg	emtricitabine	30 capsules per month	
EMVERM 100 MG CHEWABLE TABLET	MEBENDAZOLE	60 tablets per 30 days	
ENABLEX ER TABLET	DARIFENACIN	30 tablets per 30 days	
Enbrel 25mg	etanercept	8 vials per 28 days	
Enbrel 50mg	etanercept	4 vials per month	All except plaque psoriasis
Enbrel 50mg	etanercept	8 vials per 28 days for the first 3 months, then 4 vials per 28 days	Plaque psoriasis
ENGERIX-B 10 MCG/0.5 ML PEDIATRIC SYRINGE/VIAL	HEPATITIS B VIRUS VACCINE	3 vials/syringes per year	
ENGERIX-B 20 MCG/ML SYRINGE/VIAL	HEPATITIS B VIRUS VACCINE	3 vials/syringes per year	
ENTRESTO 24 MG/26 MG TABLET	SACUBITRIL/VALSARTAN	60 tablets per 30 days	
ENTYVIO 300 MG/20 ML VIAL	VEDOLIZUMAB	2 vials (40 ml) per 28 days for the first month, 1 vial (20 ml) per 28 days for the second	

Brand Name	Generic Name	Quantity Limit	Indication
		month, then 1 vial (20 ml) per 56 days	
EPCLUSA 400 MG/100 MG TABLET	SOFOSBUVIR/VELPATASVIR	30 tablets per 30 days	
Epipen	epinephrine	1 kit (2 syringes) per 30 days	
Epivir 100mg	lamivudine	90 tablets per month	
Epivir 150mg	lamivudine	60 tablets per month	
Epivir 300mg	lamivudine	30 tablets per month	
EQUETRO 100 MG CAPSULE	CARBAMAZEPINE ER	180 capsules per 30 days	
EQUETRO 200 MG CAPSULE	CARBAMAZEPINE ER	240 capsules per 30 days	
EQUETRO 300 MG CAPSULE	CARBAMAZEPINE ER	150 capsules per 30 days	
ERGOMAR 2 MG TABLET SL	ERGOTAMINE TARTRATE	22 tablets per 30 days	
ERIVEDGE 150 MG CAPSULE	VISMODEGIB	30 capsules per 30 days	
Epzicom	abacavir/lamivudine	30 tablets per month	
Erleada	Apalutamide	120 tablets per 30 days	
ESBRIET 267 MG CAPSULE/TABLET	PERFENIDONE	207 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ESBRIET 801 MG TABLET	PERFENIDONE	90 tablets per 30 days	
ESGIC 50 MG/325 MG/40 MG CAPSULE/TABLET	BUTALBITAL/ACETA MINOPHEN/CAFFEINE	18 tablets/capsules per 30 days	
ESOMEPRAZOLE STRONTIUM 49.3 MG DR CAPSULE	ESOMEPRAZOLE STRONTIUM	30 capsules per 30 days	
Eucrisa	Crisaborole	60 grams per 30 days	
EUFLEXXA 20 MG/2 ML SYRINGE	HYALURONIC ACID	6 syringes (12 ml) every 6 months	
EULIXIN 125 MG CAPSULE	FLUTAMIDE	180 capsules per 30 days	
EVEKEO 10 MG TABLET	AMPHETAMINE SULFATE	180 tablets per 30 days	
EVEKEO 5 MG TABLET	AMPHETAMINE SULFATE	60 tablets per 30 days	
EVISTA 60 MG TABLET	RALOXIFENE	30 tablets per 30 days	
Evotaz	atazanavir/cobicistat	30 tablets per month	
EXALGO 12 MG ER TABLET	HYDROMORPHONE ER	30 tablets per 30 days	
EXALGO 16 MG ER TABLET	HYDROMORPHONE ER	30 tablets per 30 days	
EXALGO 32 MG ER TABLET	HYDROMORPHONE ER	30 tablets per 30 days	
EXALGO 8 MG ER TABLET	HYDROMORPHONE ER	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
EXCEDRIN EXTRA STRENGTH 250 MG/250 MG/65 MG	ASPIRIN/ACETAMINOPHEN/CAFFEINE	390 tablets per 30 days	
EXCEDRIN TENSION HEADACHE 500 MG/65 MG	ACETAMINOPHEN/CAFFEINE	180 tablets per 30 days	
Exelon	rivastigmine	60 tablets per month	
EXFORGE 10/160 MG TABLET	AMLODIPINE/VALSARTAN	30 tablets per 30 days	
EXFORGE 10/320 MG TABLET	AMLODIPINE/VALSARTAN	30 tablets per 30 days	
EXFORGE 5/160 MG TABLET	AMLODIPINE/VALSARTAN	30 tablets per 30 days	
EXFORGE 5/320 MG TABLET	AMLODIPINE/VALSARTAN	30 tablets per 30 days	
EXFORGE HCT 10/160/12.5 MG TABLET	AMLODIPINE/VALSARTAN/HCTZ	30 tablets per 30 days	
EXFORGE HCT 10/320/25 MG TABLET	AMLODIPINE/VALSARTAN/HCTZ	30 tablets per 30 days	
EXFORGE HCT 5/160/12.5 MG TABLET	AMLODIPINE/VALSARTAN/HCTZ	30 tablets per 30 days	
EXFORGE HCT 5/160/25 MG TABLET	AMLODIPINE/VALSARTAN/HCTZ	30 tablets per 30 days	
EXFORGE HCT10/160/25 MG TABLET	AMLODIPINE/VALSARTAN/HCTZ	30 tablets per 30 days	
EYLEA 2 MG/0.05 INTRAVITREAL INJECTION VIAL	AFLIBERCEPT	2 vials (0.1 mL) per 28 days	
FAMVIR 125 MG TABLET	FAMCICLOVIR	180 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
FAMVIR 250 MG TABLET	FAMCICLOVIR	180 tablets per 30 days	
FAMVIR 500 MG TABLET	FAMCICLOVIR	120 tablets per 30 days	
FANAPT 1 MG TABLET	ILOPERIDONE	60 tablets per 30 days	
FANAPT 10 MG TABLET	ILOPERIDONE	60 tablets per 30 days	
FANAPT 12 MG TABLET	ILOPERIDONE	60 tablets per 30 days	
FANAPT 2 MG TABLET	ILOPERIDONE	60 tablets per 30 days	
FANAPT 4 MG TABLET	ILOPERIDONE	60 tablets per 30 days	
FANAPT 6 MG TABLET	ILOPERIDONE	60 tablets per 30 days	
FANAPT 8 MG TABLET	ILOPERIDONE	60 tablets per 30 days	
FANAPT TITRATION PACK	ILOPERIDONE	60 tablets per 30 days	
FARESTON 60 MG TABLET	TOREMIFENE	30 tablets per 30 days	
FARXIGA 10 MG TABLET	DAPAGLIFLOZIN	30 tablets per 30 days	
FARXIGA 5 MG TABLET	DAPAGLIFLOZIN	30 tablets per 30 days	
FARYDAK 10 MG CAPSULE	PANOBINOSTAT	15 capsules per 30 days	
FARYDAK 15 MG CAPSULE	PANOBINOSTAT	15 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
FARYDAK 20 MG CAPSULE	PANOBINOSTAT	15 capsules per 30 days	
FELDENE 10 MG CAPSULE	PIROXICAM	30 capsules per 30 days	
FELDENE 20 MG CAPSULE	PIROXICAM	30 capsules per 30 days	
FEMARA 2.5 MG TABLET	LETROZOLE	30 tablets per 30 days	
FENOGLIDE 120 MG TABLET	FENOFIBRATE	30 tablets per 30 days	
FENOGLIDE 40 MG TABLET	FENOFIBRATE	60 tablets per 30 days	
FENTANYL 37.5 MCG/HR PATCH	FENTANYL TRANSDERMAL	10 patches per 30 days	
FENTANYL 62.5 MCG/HR PATCH	FENTANYL TRANSDERMAL	10 patches per 30 days	
FENTANYL 87.5 MCG/HR PATCH	FENTANYL TRANSDERMAL	10 patches per 30 days	
FENTORA 100 MCG BUCCAL TABLET	FENTANYL CITRATE BUCCAL	120 tablets per 30 days	
FENTORA 200 MCG BUCCAL TABLET	FENTANYL CITRATE BUCCAL	120 tablets per 30 days	
FENTORA 300 MCG BUCCAL TABLET	FENTANYL CITRATE BUCCAL	120 tablets per 30 days	
FENTORA 400 MCG BUCCAL TABLET	FENTANYL CITRATE BUCCAL	120 tablets per 30 days	
FENTORA 600 MCG BUCCAL TABLET	FENTANYL CITRATE BUCCAL	120 tablets per 30 days	
FENTORA 800 MCG BUCCAL TABLET	FENTANYL CITRATE BUCCAL	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
FETZIMA ER 120 MG CAPSULE	LEVOMILNACIPRIN	30 capsules per 30 days	
FETZIMA ER 20 MG CAPSULE	LEVOMILNACIPRIN	30 capsules per 30 days	
FETZIMA ER 40 MG CAPSULE	LEVOMILNACIPRIN	30 capsules per 30 days	
FETZIMA ER 80 MG CAPSULE	LEVOMILNACIPRIN	30 capsules per 30 days	
FEXMID 7.5 MG TABLET	CYCLOBENZAPRINE	90 tablets per 30 days	
FIBRICOR 105 MG TABLET	FENOFIBRIC ACID	30 tablets per 30 days	
FIBRICOR 35 MG TABLET	FENOFIBRIC ACID	60 tablets per 30 days	
FIORICET 50 MG/300 MG/40 MG CAPSULE	BUTALBITAL/ACETA MINOPHEN/CAFFEINE	180 capsules per 30 days	
FIORICET 50 MG/325 MG/40 MG TABLET	BUTALBITAL/ACETA MINOPHEN/CAFFEINE	180 tablets per 30 days	
FIORICET W/ CODEINE 50MG/300 MG/40MG/30MG CAPSULE	BUTALBITAL/ACETA MINOPHEN/CAFFEINE/CODEINE	180 capsules per 30 days	
FIORICET W/ CODEINE 50MG/325 MG/40MG/30MG CAPSULE	BUTALBITAL/ACETA MINOPHEN/CAFFEINE/CODEINE	180 capsules per 30 days	
FIORINAL 50 MG/325 MG/40 MG CAPSULE	BUTALBITAL/ASA/CAFFEINE	180 capsules per 30 days	
FIORINAL W/ CODEINE 50 MG/325 MG/40 MG/30 MG CAPSULE	BUTALBITAL/ASA/CAFFEINE/CODEINE	180 capsules per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
FLAGYL ER 750 MG TABLET	METRONIDAZOLE	30 tablets per 30 days	
FLECTOR 180 MG PATCH	DICLOFENAC EPOLAMINE TRANSDERMAL	60 patches per 30 days	
FLEXERIL 10 MG TABLET	CYCLOBENZAPRINE	90 tablets per 30 days	
FLEXERIL 5 MG TABLET	CYCLOBENZAPRINE	90 tablets per 30 days	
FLONASE SENSIMIST 27.5 MCG SPRAY	FLUTICASONE FUROATE	2 bottles (19.8mL) per 30 days	
FLU VACCINE INTRADERMAL SYRINGE	INFLUENZA VIRUS VACCINE	1 syringe per 6 months	
FLU VACCINE PEDIATRIC SYRINGE	INFLUENZA VIRUS VACCINE	1 syringe per 28 days	
FLU VACCINE SYRINGE	INFLUENZA VIRUS VACCINE	1 syringe per 6 months	
FLU VACCINE VIAL	INFLUENZA VIRUS VACCINE	1 vial per 6 months	
FLUMIST NASAL SPRAY	INFLUENZA VIRUS VACCINE	1 dose (0.2mL) per 28 days	
FLUOXETINE 60 MG TABLET	FLUOXETINE 60 MG TABLET	30 tablets per 30 days	
FLURBIPROFEN 100 MG TABLET	FLURBIPROFEN	90 tablets per 30 days	
FLURBIPROFEN 50 MG TABLET	FLURBIPROFEN	120 tablets per 30 days	
FORADIL AEROLIZER 12 MCG CAP	FORMOTEROL	60 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
FORFIVO XL 450 MG TABLET	BUPROPION	30 tablets per 30 days	
FORTAMET ER 1,000 MG TABLET	METFORMIN ER	60 tablets per 30 days	
FORTAMET ER 500 MG TABLET	METFORMIN ER	90 tablets per 30 days	
FORTAZ 1 GM TWISTVIAL	CEFTAZIDIME	90 vials per 30 days	
FORTAZ 1 GM VIAL	CEFTAZIDIME	90 vials per 30 days	
FORTAZ 2 GM TWISTVIAL	CEFTAZIDIME	90 vials per 30 days	
FORTAZ 2 GM VIAL	CEFTAZIDIME	90 vials per 30 days	
FORTAZ 500 MG VIAL	CEFTAZIDIME	90 vials per 30 days	
FORTAZ 6 GM VIAL	CEFTAZIDIME	30 vials per 30 days	
FORTAZ-ISO-OSMOT 1 GM/50 ML	CEFTAZIDIME	4500 mL per 30 days	
FORTAZ-ISO-OSMOT 2 GM/50 ML	CEFTAZIDIME	4500 mL per 30 days	
FORTESTA 10 MG GEL PUMP	TESTOSTERONE	1 canister per 17 days	
FORTICAL 200 UNITS NASAL SPRAY	CALCITONIN-SALMON	1 bottle per 30 days	
FOSAMAX 10 MG TABLET	ALENDRONATE	30 tablets per 30 days	
FOSAMAX 35 MG TABLET	ALENDRONATE	4 tablets per 28 days	

Brand Name	Generic Name	Quantity Limit	Indication
FOSAMAX 40 MG TABLET	ALENDRONATE	30 tablets per 30 days	
FOSAMAX 5 MG TABLET	ALENDRONATE	30 tablets per 30 days	
FOSAMAX 70 MG TABLET	ALENDRONATE	4 tablets per 28 days	
FOSAMAX 70 MG/75 ML ORAL SOLUTION	ALENDRONATE	300mL per 28 days	
FOSAMAX PLUS D 70 MG-2800 IU TABLET	ALENDRONATE/CHOLECALCIFEROL	4 tablets per 28 days	
FOSAMAX PLUS D 70 MG-5600 IU TABLET	ALENDRONATE/CHOLECALCIFEROL	4 tablets per 28 days	
FOSRENOL 1000 MG CHEWABLE TABLET	LANTHANUM CARBONATE	90 tablets per 30 days	
FOSRENOL 1000 MG POWDER PACKET	LANTHANUM CARBONATE	90 packets per 30 days	
FOSRENOL 500 MG CHEWABLE TABLET	LANTHANUM CARBONATE	90 tablets per 30 days	
FOSRENOL 750 MG CHEWABLE TABLET	LANTHANUM CARBONATE	90 tablets per 30 days	
FOSRENOL 750 MG POWDER PACKET	LANTHANUM CARBONATE	90 packets per 30 days	
FROVA 2.5 MG TABLET	FROVATRIPTAN	9 tablets per 30 days	
Freestyle Insulinx Test Strips (≥ 21 years of age or older)	blood sugar diagnostic strips	150 test strips per 30 day(s).	
Freestyle Lite Strips (≥ 21 years of age or older)	blood sugar diagnostic strips	150 test strips per 30 day(s).	
Freestyle Test Strips (≥ 21 years of age or older)	blood sugar diagnostic strips	150 test strips per 30 day(s).	

Brand Name	Generic Name	Quantity Limit	Indication
Freestyle Insulinx Test Strips (< 21 years of age or older)	blood sugar diagnostic strips	200 test strips per 30 day(s)	
Freestyle Lite Strips (< 21 years of age or older)	blood sugar diagnostic strips	200 test strips per 30 day(s)	
Freestyle Test Strips (< 21 years of age or older)	blood sugar diagnostic strips	200 test strips per 30 day(s)	
Firazyr	icatabant acetate	6 syringes per month	
Flomax	tamsulosin	60 capsules per month	
Flonase	fluticasone propionate nasal spray	1 nasal spray devices per month	
Flovent HFA 44 mcg	fluticasone propionate inhaler	1 inhaler per month	
Flovent HFA 110 mcg	fluticasone propionate inhaler	1 inhaler per month	
Flovent HFA 220 mcg	fluticasone propionate inhaler	2 inhalers per month	
Flovent Diskus 50 mcg	fluticasone propionate inhaler	1 inhaler per month	
Flovent Diskus 100 mcg	fluticasone propionate inhaler	1 inhaler per month	
Flovent Diskus 250 mcg	fluticasone propionate inhaler	4 inhalers per month	
Focalin	dexmethylphenidate	60 tablets per month	
Focalin XR	dexmethylphenidate	30 tablets per month	
Forteo	teriparatide	1 prefilled pen per 28	

Brand Name	Generic Name	Quantity Limit	Indication
		days; 26 pens per lifetime	
Fragmin	dalteparin	10 syringes per month	
FULYZAQ DR 125 MG TABLET	CROFELEMER	60 tablets per 30 days	
FURADANTIN 25 MG/5 ML SUSPENSION	NITROFURANTOIN	600mL per 30 days	
FUZEON INJECTION 90 MG CONVENIENCE KIT	ENFUVIRTIDE	60 vials per 30 days	
FUZEON INJECTION 90 MG VIAL	ENFUVIRTIDE	60 vials per 30 days	
FYCOMPA 0.5 MG/ML SUSPENSION	PERAMPANEL	720mL per 30 days	
FYCOMPA 10 MG TABLET	PERAMPANEL	30 tablets per 30 days	
FYCOMPA 12 MG TABLET	PERAMPANEL	30 tablets per 30 days	
FYCOMPA 2 MG TABLET	PERAMPANEL	60 tablets per 30 days	
FYCOMPA 4 MG TABLET	PERAMPANEL	30 tablets per 30 days	
FYCOMPA 6 MG TABLET	PERAMPANEL	30 tablets per 30 days	
FYCOMPA 8 MG TABLET	PERAMPANEL	30 tablets per 30 days	
Galafold	Miglastat	16 capsules per 30 days	
GARDASIL 9 VACCINE SYRINGE	HUMAN PAPILOMAVIRUS VACCINE 9-VALENT	1 syringe per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
GARDASIL 9 VACCINE VIAL	HUMAN PAPILOMAVIRUS VACCINE 9-VALENT	1 vial per 30 days	
GARDASIL VACCINE PREFILLED SYR	HPV RECOMBINANT VACCINE	1 syringe per 30 days	
GARDASIL VACCINE SINGLE DOSE VIAL	HPV RECOMBINANT VACCINE	1 vial per 30 days	
GARDASIL VACCINE SYRINGE	HUMAN PAPILOMAVIRUS VACCINE QUADVALENT	1 syringe per 30 days	
GARDASIL VACCINE VIAL	HUMAN PAPILOMAVIRUS VACCINE QUADVALENT	1 vial per 30 days	
GELNIQUE 10% GEL PUMP	OXYBUTYNIN	1 canister per 30 days	
GELNIQUE 10% GEL SACHET	OXYBUTYNIN	30 sachets per 30 days	
GEL-ONE 30 MG/3 ML SYRINGE	HYALURONATE SODIUM, CROSS-LINKED	2 syringes per 30 days	
GELSYN-3 16.8 MG/2 ML SYRINGE	HYALURONATE SODIUM	6 syringes per 21 days	
GENVISC 850 25 MG/2.5 ML SYRINGE	HYALURONATE SODIUM	10 syringes per 35 days	
Genvoya	elvitegravir/cobicistat/emtricitabine/tenofovir	30 tablets per month	
Geodon 20mg, 40mg, 80mg	ziprasidone	60 capsules per month	
Geodon 60mg	ziprasidone	90 capsules per month	

Brand Name	Generic Name	Quantity Limit	Indication
GIAZO 1.1 GRAM TABLET	BALSALAZIDE	180 tablets per 30 days	
Gilenya	Fingolimod	30 capsules per month	
GILOTRIF 20 MG TABLET	AFATINIB DIMALEATE	30 tablets per 30 days	
GILOTRIF 30 MG TABLET	AFATINIB DIMALEATE	30 tablets per 30 days	
GILOTRIF 40 MG TABET	AFATINIB DIMALEATE	30 tablets per 30 days	
GLEEVEC 100 MG TABLET	IMATINIB MESYLATE	180 tablets per 30 days	
GLEEVEC 400 MG TABLET	IMATINIB MESYLATE	60 tablets per 30 days	
Glucagon Emergency Kit	Glucagon	2 kits per month	
GLUCOPHAGE 1,000 MG TABLET	METFORMIN HCL 1,000 MG TABLET	75 tablets per 30 days	
GLUCOPHAGE 500 MG TABLET	METFORMIN HCL 500 MG TABLET	150 tablets per 30 days	
GLUCOPHAGE 850 MG TABLET	METFORMIN HCL 850 MG TABLET	90 tablets per 30 days	
GLUCOPHAGE XR 500 MG TABLET	METFORMIN HCL ER 500 MG TABLET	150 tablets per 30 days	
GLUCOPHAGE XR 750 MG TABLET	METFORMIN HCL ER 750 MG TABLET	90 tablets per 30 days	
GLUCOTROL 10 MG TABLET	GLIPIZIDE	120 tablets per 30 days	
GLUCOTROL 5 MG TABLET	GLIPIZIDE	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
GLUCOTROL XL 10 MG TABLET	GLIPIZIDE ER	60 tablets per 30 days	
GLUCOTROL XL 2.5 MG TABLET	GLIPIZIDE ER	30 tablets per 30 days	
GLUCOTROL XL 5 MG TABLET	GLIPIZIDE ER	30 tablets per 30 days	
GLUCOVANCE 1.25 MG/250 MG TABLET	GLYBURIDE/METFORMIN	120 tablets per 30 days	
GLUCOVANCE 2.5 MG/500 MG TABLET	GLYBURIDE/METFORMIN	120 tablets per 30 days	
GLUCOVANCE 5 MG/500 MG TABLET	GLYBURIDE/METFORMIN	120 tablets per 30 days	
GLUMETZA ER 1000 MG TABLET	METFORMIN ER	60 tablets per 30 days	
GLUMETZA ER 500 MG TABLET	METFORMIN ER	90 tablets per 30 days	
GLYNASE 1.5 MG TABLET	GLYBURIDE MICRONIZED	120 tablets per 30 days	
GLYNASE 3 MG TABLET	GLYBURIDE MICRONIZED	120 tablets per 30 days	
GLYNASE 6 MG TABLET	GLYBURIDE MICRONIZED	60 tablets per 30 days	
GLYSET 100 MG TABLET	MIGLITOL	90 tablets per 30 days	
GLYSET 25 MG TABLET	MIGLITOL	90 tablets per 30 days	
GLYSET 50 MG TABLET	MIGLITOL	90 tablets per 30 days	
GLYXAMBI 10 MG/5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTIN	30 tablets per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
GLYXAMBI 25 MG/5 MG TABLET	EMPAGLIFLOZIN/LINAGLIPTIN	30 tablets per 30 days	
Gocovri 100mg	amantadine	120 capsules per month	
GOODY'S EX-STR POWDER PACKET 500 MG/325 MG/CAFFEINE	ASPIRIN/ACETAMINOPHEN/CAFFEINE	240 packets per 30 days	
Grastek	Timothy grass pollen	30 tablets per month	
Halcion 0.125mg	triazolam	120 tablets per month	
Halcion 0.25mg	triazolam	60 tablets per month	
Haldol 0.5mg, 1mg, 2mg	haloperidol	90 tablets per month	
Haldol 5mg	haloperidol	120 tablets per month	
Haldol 10mg	haloperidol	60 tablets per month	
Haldol 20mg	haloperidol	30 tablets per month	
HARVONI 90 MG/400 MG TABLET	LEDIPASVIR/SOFOSBUVIR	30 tablets per 30 days	
HAVRIX 1440 UNITS/ML SYRINGE	HEPATITIS A VIRUS VACCINE	1 syringe per 30 days	
HAVRIX 1440 UNITS/ML VIAL	HEPATITIS A VIRUS VACCINE	1 vial per 30 days	
HAVRIX 720 UNITS/0.5 ML SYRINGE	HEPATITIS A VIRUS VACCINE	1 syringe per 30 days	
HAVRIX 720 UNITS/0.5 ML VIAL	HEPATITIS A VIRUS VACCINE	1 vial per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
HEPSERA 10 MG TABLET	ADEFOVIR DIPIVOXIL	30 tablets per 30 days	
HETLIOZ 20 MG CAPSULE	TASIMELTEON	30 capsules per 30 days	
HORIZANT ER 300 MG TABLET	GABAPENTIN ENACARBIL	60 tablets per 30 days	
HORIZANT ER 600 MG TABLET	GABAPENTIN ENACARBIL	60 tablets per 30 days	
Humalog	insulin lispro	30 mL per month	
Humalog Mix 50-50	insulin lispro protamine/insulin lispro	30 mL per month	
Humalog Mix 50-50 KwikPen	insulin lispro protamine/insulin lispro	30 mL per month	
Humalog Mix 75-25	insulin lispro protamine/insulin lispro	30 mL per month	
Humalog Mix 75-25 KwikPen	insulin lispro protamine/insulin lispro	30 mL per month	
Humira 10mg syringe	adalimumab	2 syringes per 28 days	Juvenile idiopathic arthritis (<15kg)
Humira 20mg syringe	adalimumab	2 syringes per 28 days	Juvenile idiopathic arthritis (15kg to <30kg)
Humira 20mg syringe	adalimumab	6 syringes for the first 28 days, then 2 syringes per 28 days thereafter	Pediatric Crohn's disease (<40kg)

Brand Name	Generic Name	Quantity Limit	Indication
Humira 40mg syringe	adalimumab	2 syringes per 28 days	Ankylosing spondylitis, Psoriatic arthritis, Rheumatoid arthritis, Juvenile idiopathic arthritis ( $\geq 30\text{kg}$ )
Humira 40mg syringe	adalimumab	4 syringes for the first 28 days, then 2 syringes per 28 days thereafter	Plaque psoriasis, Uveitis
Humira 40mg syringe	adalimumab	6 syringes for the first 28 days, then 2 syringes per 28 days thereafter	Crohn's disease, Ulcerative colitis, Pediatric Crohn's disease ( $\geq 40\text{kg}$ )
Humira 40mg syringe	Adalimumab	6 syringes for the first 28 days, then 4 syringes per 28 days thereafter	Hidradenitis suppurativa
HUMIRA PEDIATRIC CROHN'S 3-SYRINGE STARTER KIT	ADALIMUMAB (< 88 LBS)	1 kit per 6 months	

Brand Name	Generic Name	Quantity Limit	Indication
HUMIRA PEDIATRIC CROHN'S 6-SYRINGE STARTER KIT	ADALIMUMAB (≥ 88 LBS)	1 kit per 6 months	
Humulin 70/30	human insulin isophane/human insulin regular	30 mL per month	
Humulin 70/30 KwikPen	human insulin isophane/human insulin	30 mL per month	
Humulin N	human insulin isophane	30 mL per month	
Humulin N KwikPen	human insulin isophane	30 mL per month	
Humulin R U-100	human insulin regular	30 mL per month	
Humulin R U-500 (Concentrated)	human insulin regular	30 mL per month	
HYALGAN 10 MG/ML SYRINGE	HYALURONATE SODIUM	10 syringes per 35 days	
HYALGAN 20 MG/2 ML SYRINGE	HYALURONATE SODIUM	10 syringes per 35 days	
HYALGAN 20 MG/2 ML VIAL	HYALURONATE SODIUM	10 syringes per 35 days	
Hycet solution	hydrocodone/ acetaminophen solution	2700 mL per month	
Hycodan	hydrocodone/homatropine	900 ml per month	
Hycodan	hydrocodone/homatropine	180 tablets per month	
HYDERGINE 1 MG TABLET	ERGOLOID MESYLATES	90 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
HYDROCODONE/APAP 2.5-167 MG/5 ML ORAL SOLUTION	HYDROCODONE/ACE TAMINOPHEN	1800mL per 30 days	
HYDROCODONE/APAP 5-217 MG/10 ML ORAL SOLUTION	HYDROCODONE/ACE TAMINOPHEN	3000mL per 30 days	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5 ML MDV	HYDROXYPROGESTERONE CAPROATE	1 vial per 30 days	
HYMOVIS 24 MG/3 ML SYRINGE	HYALURONATE, NON-CROSSLINKED	4 syringes per 14 days	
HYSINGLA ER 100 MG TABLET	HYDROCODONE ER	30 tablets per 30 days	
HYSINGLA ER 120 MG TABLET	HYDROCODONE ER	30 tablets per 30 days	
HYSINGLA ER 20 MG TABLET	HYDROCODONE ER	30 tablets per 30 days	
HYSINGLA ER 30 MG TABLET	HYDROCODONE ER	30 tablets per 30 days	
HYSINGLA ER 40 MG TABLET	HYDROCODONE ER	30 tablets per 30 days	
HYSINGLA ER 60 MG TABLET	HYDROCODONE ER	30 tablets per 30 days	
HYSINGLA ER 80 MG TABLET	HYDROCODONE ER	30 tablets per 30 days	
HYTRIN 1 MG CAPSULE	TERAZOSIN	30 capsules per 30 days	
HYTRIN 10 MG CAPSULE	TERAZOSIN	60 capsules per 30 days	
HYTRIN 2 MG CAPSULE	TERAZOSIN	30 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
HYTRIN 5 MG CAPSULE	TERAZOSIN	30 capsules per 30 days	
HYZAAR 100-12.5 TABLET	LOSARTAN/HCTZ	30 tablets per 30 days	
HYZAAR 100-25 TABLET	LOSARTAN/HCTZ	30 tablets per 30 days	
HYZAAR 50-12.5 TABLET	LOSARTAN/HCTZ	60 tablets per 30 days	
IBRANCE 100 MG CAPSULE	PALBOCICLIB	30 capsules per 30 days	
IBRANCE 125 MG CAPSULE	PALBOCICLIB	30 capsules per 30 days	
IBRANCE 75 MG CAPSULE	PALBOCICLIB	30 capsules per 30 days	
IBUPROFEN 100 MG TABLET/CAPLET	IBUPROFEN	120 tablets/caplets per 30 days	
IBUPROFEN 100 MG/5 ML LIQUID	IBUPROFEN	1800mL per 30 days	
IBUPROFEN 200 MG TABLET/CAPLET	IBUPROFEN	120 tablets/caplets per 30 days	
IBUPROFEN 400 MG TABLET/CAPLET	IBUPROFEN	120 tablets/caplets per 30 days	
IBUPROFEN 50 MG/1.25 ML LIQUID	IBUPROFEN	240mL per 30 days	
IBUPROFEN 600 MG TABLET/CAPLET	IBUPROFEN	120 tablets/caplets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
IBUPROFEN 800 MG TABLET/CAPLET	IBUPROFEN	120 tablets/caplets per 30 days	
ICLUSIG 15 MG TABLET	PONATINIB	60 tablets per 30 days	
ICLUSIG 45 MG TABLET	PONATINIB	30 tablets per 30 days	
IDHIFA 1000 MG TABLET	ENASIDENIB	30 tablets per 30 days	
IDHIFA 50 MG TABLET	ENASIDENIB	30 tablets per 30 days	
Ilaris 150 mg vial	canakinumab	2 vials per 28 days	
Iluvien 0.19 mg Intraocular Implant	fluocinolone intraocular	2 implants per year	
IMBRUVICA 140 MG CAPSULE	IBRUTINIB	30 capsules per day	
IMBRUVICA 140 MG TABLET	IBRUTINIB	30 tablets per day	
IMBRUVICA 280 MG TABLET	IBRUTINIB	30 tablets per day	
IMBRUVICA 420 MG TABLET	IBRUTINIB	30 tablets per day	
IMBRUVICA 560 MG TABLET	IBRUTINIB	30 tablets per day	
Imitrex 100mg	sumatriptan	9 tablets per month	
Imitrex 25mg, 50mg	sumatriptan	18 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Imitrex Injection	sumatriptan	2 boxes (4 injections) per month	
Imitrex Nasal Spray	sumatriptan	1 box (6 spray units) per month	
Imodium 2 mg capsule	loperamide	240 capsules per 30 days	
Imodium A-D 1 mg/5 ml solution	loperamide	2400ml per 30 days	
Imodium A-D 1 mg/7.5 ml (2 mg/15 ml) Suspension	loperamide	3600 ml per 30 days	
Impavido 50 mg capsule	miltefosine	90 capsules per 30 days	
Implanon 68 mg Implant	etonogestrel implant	1 device every 3 years	
Inderal Xl capsule	propranolol	30 capsules per 30 days	
Indocin capsule	indomethacin	120 capsules per 30 days	
Indocin 25 mg/5 ml liquid	indomethacin	1200 ml per 30 days	
Indocin 50 mg Suppository	indomethacin	120 suppositories per 30 days	
Indocin ER 75 mg capsule	indomethacin	60 capsules per 30 days	
Incruse Ellipta	umeclidinium	1 inhaler per month	
Ingrezza 40mg, 80mg	Valbenazine	30 capsules per month	



Brand Name	Generic Name	Quantity Limit	Indication
Inlyta 1 mg tablet	axitinib	180 tablets per 30 days	
Inlyta 5 mg tablet	axitinib	120 tablets per 30 days	
Innopran Xl capsule	propranolol	30 capsules per 30 days	
Inspra 25 mg tablet	eplerenone	120 tablets per 30 days	
Inspra 50 mg tablet	eplerenone	60 tablets per 30 days	
Intal	cromolyn sodium inhalation solution	120 vials or 240mL per month	
Intelence 100mg	etravirine	60 tablets per month	
Intelence 200mg	etravirine	60 tablets per month	
Intuniv	guanfacine	30 tablets per month	
Invanz 1 Gm Add-Vantage vial	ertapenem	30 vials per 30 days	
Invanz 1 Gm vial	ertapenem	30 vials per 30 days	
Invega ER 1.5 mg, 3 mg, 9 mg tablet	palipERidone ER	30 tablets per 30 days	
Invega ER 6 mg tablet	palipERidone ER	60 tablets per 30 days	
Invega Sustenna	paliperidone palmitate	1 syringe per 28 days	
Invirase 200mg	saquinavir	300 capsules per month	

Brand Name	Generic Name	Quantity Limit	Indication
Invirase 500mg	saquinavir	120 tablets per month	
Invokamet 150/1000 mg, 150/500 mg, 50/1000 mg tablet	canagliflozin/metformin	60 tablets per 30 days	
Invokamet 50/500 mg tablet	canagliflozin/metformin	90 tablets per 30 days	
Invokamet XR tablet	canagliflozin/metformin	60 tablets per 30 days	
Invokana 100 mg tablet	canagliflozin	60 tablets per 30 days	
Invokana 300 mg tablet	canagliflozin	30 tablets per 30 days	
Iressa 250 mg tablet	gefitinib	60 tablets per 30 days	
Isentress	raltegravir potassium	60 tablets per month	
Isentress Chewable tablet	raltegravir	180 tablets per 30 days	
Isentress 100 mg PowDER Packets	raltegravir powder	60 packets per 30 days	
Jakafi tablet	ruxolitinib	60 tablets per 30 days	
Jalyn 0.5 mg/0.4 mg capsule	dutasteride/tamsulosin	30 capsules per 30 days	
Janumet	sitagliptin/metformin	60 tablets per month	
Janumet XR 100/1000	sitagliptin/metformin XR	30 tablets per month	
Janumet XR 50/1000, 50/500	sitagliptin/metformin XR	60 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Januvia	sitagliptin	30 tablets per month	
Jardiance	Empagliflozin	30 tablets per month	
Jentadueto tablet	linagliptin/metformin	60 tablets per 30 days	
Jentadueto XR 2.5 mg/1000 mg tablet	linagliptin/metformin ER	60 tablets per 30 days	
Jentadueto XR 5 mg/1000 mg tablet	linagliptin/metformin ER	30 tablets per 30 days	
Jetrea vial	ocriplasmin	2 vials per 30 days	
Juluca 50-25 mg tablet	dolutegravir and rilpivirine	30 tablets per 30 days	
Juxtapid capsule	lomitapide	30 capsules per 30 days	
Kadian ER 10 mg capsule	morphine sulfate ER	60 capsules per 30 days	
Kadian ER 100 mg capsule	morphine sulfate ER	30 capsules per 30 days	
Kadian ER 20 mg capsule	morphine sulfate ER	60 capsules per 30 days	
Kadian ER 200 mg capsule	morphine sulfate ER	30 capsules per 30 days	
Kadian ER 30 mg capsule	morphine sulfate ER	30 capsules per 30 days	
Kadian ER 40 mg capsule	morphine sulfate ER	30 capsules per 30 days	
Kadian ER 50 mg capsule	morphine sulfate ER	30 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Kadian ER 60 mg capsule	morphine sulfate ER	30 capsules per 30 days	
Kadian ER 70 mg capsule	morphine sulfate ER	30 capsules per 30 days	
Kadian ER 80 mg capsule	morphine sulfate ER	30 capsules per 30 days	
Kalbitor	Ecallantide	4 kits per month	
Kaletra 100-25	lopinavir/ritonavir	240 tablets per month	
Kaletra 200-50	lopinavir/ritonavir	120 tablets per month	
Kalydeco 150 mg tablet	ivacaftor	60 tablets per 30 days	
Kalydeco Granules Packet	ivacaftor	60 packets per 30 days	
Kapvay 0.1 mg ER tablet	clonidine ER	120 tablets per 30 days	
Kazano tablet	alogliptin/metformin	60 tablets per 30 days	
Kenalog In Orabase Dental Paste	triamcinolone	15 grams per 30 days	
Keppra 100 mg/ml Oral Soln	levetiracetam	1200 ml per 30 days	
Keppra 1000 mg tablet	levetiracetam	90 tablets per 30 days	
Keppra 250 mg tablet	levetiracetam	180 tablets per 30 days	
Keppra 500 mg tablet	levetiracetam	180 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Keppra 500 mg/5 ml Injection vial	levetiracetam	900 ml per 30 days	
Keppra 750 mg tablet	levetiracetam	120 tablets per 30 days	
Keppra XR 500 mg tablet	levetiracetam	180 tablets per 30 days	
Keppra XR 750 mg tablet	levetiracetam	120 tablets per 30 days	
Ketonazole cream	Ketonazole cream	120 grams/30 days	
Ketoprofen 50 mg capsule	ketoprofen	180 capsules per 30 days	
Ketoprofen 75 mg capsule	ketoprofen	120 capsules per 30 days	
Ketoprofen ER 200 mg capsule	ketoprofen	30 capsules per 30 days	
Kevzara Syringe	sarilumab	2 syringes per 28 days	
Kinray Blood Glucose Test Strips	blood glucose test strips	150 strips per 30 days	
Kisqali 200 mg Daily Dose (21 X 200 mg tablets)	ribociclib succinate	21 tablets per 28 days	
Kisqali 400 mg Daily Dose (42 X 200 mg tablets)	ribociclib succinate	42 tablets per 28 days	
Kisqali 600 mg Daily Dose (63 X 200 mg tablets)	ribociclib succinate	63 tablets per 28 days	
Kisqali Femara Co-Pack	ribociclib succinate/letrozole	1 pack per 28 days	
Kitabis Pak 300 mg/5 ml NebulizER Kit	tobramycin	280ml per 28 days	

Brand Name	Generic Name	Quantity Limit	Indication
Klonopin 0.5mg, 1mg	clonazepam	120 tablets per month	
Klonopin 2mg	clonazepam	90 tablets per month	
Klonopin Wafers 0.125 mg ODT	clonazepam odt	180 wafers per 30 days	
Klonopin Wafers 0.25 mg ODT	clonazepam odt	180 wafers per 30 days	
Klonopin Wafers 0.5 mg ODT	clonazepam odt	180 wafers per 30 days	
Klonopin Wafers 1 mg ODT	clonazepam odt	120 wafers per 30 days	
Klonopin Wafers 2 mg ODT	clonazepam odt	90 wafers per 30 days	
Kombiglyze XR 2.5 mg/1000 mg tablet	saxagliptin/metformin ER	60 tablets per 30 days	
Kombiglyze XR 5 mg/1000 mg tablet	saxagliptin/metformin ER	30 tablets per 30 days	
Kombiglyze XR 5 mg/500 mg tablet	saxagliptin/metformin ER	30 tablets per 30 days	
Korlym 300 mg tablet	mifepristone	120 tablets per 30 days	
Krystexxa	pegloticase	2 vials per 28 days	
Kyleena 19.5 mg Intrauterine System	levonorgestral	1 device every 5 years	
Kynamro 200 mg/ml Syringe	mipomersen	4 syringes per 28 days	
Kytril 1 mg tablet	granisetron	2 tablets per day	

Brand Name	Generic Name	Quantity Limit	Indication
Lamictal (all strengths)	lamotrigine	60 tablets per month	
Lamictal XR (all strengths)	lamotrigine	60 tablets per month	
Lamisil	terbinafine	90 tablets per year	
Lantus	insulin glargine	30 mL per month	
Latuda	lurasidone	30 tablets per month	
Latuda 80mg	lurasidone	60 tablets per month	
Lazanda Nasal Spray	fentanyl citrate nasal	15 bottles per 30 days	
Lemtrada 12 mg/1.2 ml vial	alemtuzumab	5 vials per 365 days	
Lenvima capsules	lenvatinib mesylate	90 capsules per 30 days	
Lescol capsule	fluvastatin	60 capsules per 30 days	
Lescol Xl 80 mg tablet Sa	fluvastatin	30 tablets per 30 days	
Letairis	ambrisentan	30 tablets per month	
Levemir	insulin detemir	30 mL per month	
Lexapro	escitalopram	30 tablets per month	
Lexiva 700mg	fosamprenavir	120 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Levo-Dromoran 2 mg tablet	levorphanol	120 tablets per 30 days	
Lialda Dr 1.2 Gram tablet	mesalamine	120 tablets per 30 days	
Librax 2.5 mg/5 mg capsule	clidinium/chlordiazepoxide	240 capsules per 30 days	
Librium 5mg, 10mg, 25mg	chlordiazepoxide	120 capsules per month	
Lidocaine ointment	Lidocaine	180 grams per 30 days	
Lidocaine 5% patch	Lidocaine	90 patches per 30 days	
Liletta 52 mg System (Iud)	levonorgestrel intrauterine	1 device every 4 years	
Limbitrol 12.5/5 mg tablet	amitriptyline/chlordiazepoxide	180 tablets per 30 days	
Limbitrol Ds 25/10 mg tablet	amitriptyline/chlordiazepoxide	180 tablets per 30 days	
Linzess capsule	linaclotide	30 capsules per 30 days	
Lioresal 10 mg tablet	baclofen	150 tablets per 30 days	
Lioresal 20 mg tablet	baclofen	120 tablets per 30 days	
Lipitor	Atorvastatin	30 tablets per month	
Lipofen 150 mg capsule	fenofibrate	30 capsules per 30 days	
Lipofen 50 mg capsule	fenofibrate	60 capsules per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
Lithobid 150mg	lithium	360 capsules per month	
Lithobid 300mg	lithium	180 capsules per month	
Lithobid 600mg	lithium	90 capsules per month	
Lithobid XR 300mg, 450mg	lithium	120 tablets per month	
Livalo tablet	pitavastatin	30 tablets per 30 days	
Lodine 200 mg capsule	etodolac	120 capsules per 30 days	
Lodine 300 mg capsule	etodolac	90 capsules per 30 days	
Lodine 400 mg tablet	etodolac	60 tablets per 30 days	
Lodine 500 mg tablet	etodolac	60 tablets per 30 days	
Lodine XI 400 mg tablet	etodolac ER	60 tablets per 30 days	
Lodine XI 500 mg tablet	etodolac ER	60 tablets per 30 days	
Lodine XI 600 mg tablet	etodolac ER	30 tablets per 30 days	
Lodosyn 25 mg tablet	carbidopa	240 tablets per 30 days	
Lofibra capsule	fenofibrate micronized	30 capsules per 30 days	
Lofibra tablet	fenofibrate micronized	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Lonhala Magnair 25 mcg Starter/Refill	glycopyrrolate	60 vials per 30 days	
Lonsurf 15 mg/6.14 mg tablet	trifluridine/tipiracil	100 tablets per 28 days	
Lonsurf 20 mg/8.19 mg tablet	trifluridine/tipiracil	80 tablets per 28 days	
Lopid 600 mg tablet	gemfibrozil	60 tablets per 30 days	
Lorcet	hydrocodone/ acetaminophen	180 tablets per month	
Lorcet HD	hydrocodone/ acetaminophen	180 tablets per month	
Lorcet Plus	hydrocodone/ acetaminophen	180 tablets per month	
Lortab	hydrocodone/ acetaminophen	180 tablets per month	
Lortab Elixir 10 mg-300 mg/15 ml	hydrocodone/acetaminophen	2250 ml per 30 days	
Lorzone tablet	chlorzoxazone	120 tablets per 30 days	
Lotensin tablet	benazepril	60 tablets per 30 days	
Lotensin Hct tablet	benazepril/hydrochlorothiazide	30 tablets per 30 days	
Lotrel capsule	amlodipine/benazepril	30 capsules per 30 days	
Lotronex tablet	alosetron	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Lovaza 1 Gram capsule	omega-3-acid ethyl esters	120 capsules per 30 days	
Lovenox	enoxaparin	28 syringes per 28 days	
Loxitane 5mg, 10mg, 25mg	loxapine	120 capsules per month	
Loxitane 50mg	loxapine	150 capsules per month	
Lucentis Syringe	ranibizumab	2 syringes per 28 days	
Lucentis vial	ranibizumab	2 vials per 28 days	
Lunesta (all strengths)	Eszopiclone	30 tablets per 30 days	
Lupaneta Pack 11.25/5 mg 3-Month Kit	leuprolide acetate/norethindrone acetate	1 kit every 90 days	
Lupaneta Pack 3.75/5 mg 1-Month Kit	leuprolide acetate/norethindrone acetate	1 kit every 30 days	
Lupron Depot	leuprolide acetate	1 kit per month	
Lutathera	Lutetium Lu 177 dotatate	20 ml per 56 days; 80 ml per lifetime	
Luvox 25mg, 50mg	fluvoxamine maleate	90 tablets per month	
Luvox 100mg	Fluvoxamine	90 tablets per month	
Lynparza 100 mg tablet	olaparib	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Lynparza 150 mg tablet	olaparib	120 tablets per 30 days	
Lynparza 50 mg capsule	olaparib	480 capsules per 30 days	
Lyrica 225mg, 300mg	pregabalin	60 capsules per month	
Lyrica 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	pregabalin	90 capsules per month	
Lyrica Cr 165 mg tablet	pregabalin extended-release	90 tablets per 30 days	
Lyrica Cr 330 mg tablet	pregabalin extended-release	60 tablets per 30 days	
Lyrica Cr 82.5 mg tablet	pregabalin extended-release	90 tablets per 30 days	
Lysteda 650 mg tablet	tranexamic acid	180 tablets per 30 days	
Macrobid 100 mg capsule	nitrofurantoin monohydrate macro	60 capsules per 30 days	
Macrochantin 100 mg capsule	nitrofurantoin macrocrystal	120 capsules per 30 days	
Macrochantin 25 mg capsule	nitrofurantoin macrocrystal	30 capsules per 30 days	
Macrochantin 50 mg capsule	nitrofurantoin macrocrystal	120 capsules per 30 days	
Macugen 0.3 mg/0.09 ml Intravitreal Inj. Syringe	pegaptanib sodium	2 syringes every 42 days	
Makena 1250 mg/5 ml Multi-Dose vial	hydroxyprogesterone caproate	1 vial per 35 days	
Makena 250 mg/ml Single-Dose vial	hydroxyprogesterone caproate	4 vials per 28 days	

Brand Name	Generic Name	Quantity Limit	Indication
Makena 275 mg/1.1 ml Autoinjector	hydroxyprogesterone caproate	4 syringes per 28 days	
Malarone 250 mg/100 mg tablet	atovaquone/proguanil	120 tablets per 30 days	
Malarone 62.5 mg/25 mg Pediatric tablet	atovaquone/proguanil	90 tablets per 30 days	
Marinol 10 mg capsule	dronabinol	90 capsules per 30 days	
Marinol 2.5 mg capsule	dronabinol	180 capsules per 30 days	
Marinol 5 mg capsule	dronabinol	180 capsules per 30 days	
Marplan	Isocarboxazid	180 tablets per month	
Maxair Autohaler	pirbuterol acetate	1 inhaler per month	
Maxalt, Maxalt MLT	rizatriptan	18 tablets per month	
Mavik 1 mg tablet	trandolapril	30 tablets per 30 days	
MAVIK 2 MG TABLET	TRANDOLAPRIL	30 tablets per 30 days	
MAVIK 4 MG TABLET	TRANDOLAPRIL	60 tablets per 30 days	
MAVYRET 100-40 MG TABLET	GLECAPREVIR/PIBRENTASVIR	90 tablets per 30 days	
MECLOFENAMATE 100 MG CAPSULE	MECLOFENAMATE	120 tablets per 30 days	
MECLOFENAMATE 50 MG CAPSULE	MECLOFENAMATE	180 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
MENACTRA VACCINE VIAL	MENINGOCOCCAL A, C, Y, W-135 VACCINE	1 vial per 30 days	
MENOMUNE-A/C/Y/W-135 VIAL VACCINE WITH DILUENT	MENINGOCOCCAL A, C, Y, W-135 VACCINE	1 vial per 30 days	
MENVEO A/C/Y/W-135 DIP VACCINE VIAL KIT	MENINGOCOCCAL A, C, Y, W-135 VACCINE	1 vial per 30 days	
MEPRON 750 MG/5 ML SUSPENSION	ATOVAQUONE	600ml per 30 days	
Mekinist 2mg tab	trametinib	30 tablets per 30 days	
Mekinist 0.5mg tab	trametinib	90 tablets per 30 days	
Metadate CD	methylphenidate extended release	30 capsules per month	
Methadone	methadone	90 tablets per month	
METAGLIP 2.5 MG/250 MG TABLET	GLIPIZIDE/METFORMIN	120 tablets per 30 days	
METAGLIP 2.5 MG/500 MG TABLET	GLIPIZIDE/METFORMIN	120 tablets per 30 days	
METAGLIP 5 MG/500 MG TABLET	GLIPIZIDE/METFORMIN	120 tablets per 30 days	
METHITEST 10 MG TABLET	METHYLTESTOSTERONE	150 tablets per 30 days	
Methylin	methylphenidate solution	900 ml per month	
METHYLPHENIDATE ER 72 MG TABLET	METHYLPHENIDATE ER	30 tablets per 30 days	
MEVACOR 10 MG TABLET	LOVASTATIN	45 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
MEVACOR 20 MG TABLET	LOVASTATIN	45 tablets per 30 days	
MEVACOR 40 MG TABLET	LOVASTATIN	60 tablets per 30 days	
MIACALCIN 200 UNIT NASAL SPRAY	CALCITONIN-SALMON	3.9 mL per 30 days	
MIACALCIN 200 UNIT/ML VIAL	CALCITONIN-SALMON	15 mL per 30 day s	
MICARDIS 20 MG TABLET	TELMISARTAN	30 tablets per 30 days	
MICARDIS 40 MG TABLET	TELMISARTAN	30 tablets per 30 days	
MICARDIS 80 MG TABLET	TELMISARTAN	30 tablets per 30 days	
MICARDIS HCT 40/12.5 MG TAB	TELMISARTAN/HCTZ	30 tablets per 30 days	
MICARDIS HCT 80/12.5 MG TAB	TELMISARTAN/HCTZ	60 tablets per 30 days	
MICARDIS HCT 80/25 MG TABLET	TELMISARTAN/HCTZ	30 tablets per 30 days	
MICROLET 2 LANCING DEVICE	BLOOD GLUCOSE LANCING DEVICE	1 lancing device per month	
MIDAZOLAM 2 MG/ML SYRUP	MIDAZOLAM	300mL per 30 days	
MIGERGOT SUPPOSITORY	ERGOTAMINE TARTRATE/CAFFEINE	22 suppositories per month	
MIGRANAL 4 MG/ML NASAL SPRAY	DIHYDROERGOTAMINE	9 mL per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
MILTOWN 200 MG TABLET	MEPROBAMATE	120 tablets per 30 days	
MILTOWN 400 MG TABLET	MEPROBAMATE	120 tablets per 30 days	
MIRAPEX 0.125 MG TABLET	PRAMIPEXOLE	90 tablets per 30 days	
MIRAPEX 0.25 MG TABLET	PRAMIPEXOLE	90 tablets per 30 days	
MIRAPEX 0.5 MG TABLET	PRAMIPEXOLE	90 tablets per 30 days	
MIRAPEX 0.75 MG TABLET	PRAMIPEXOLE	90 tablets per 30 days	
MIRAPEX 1 MG TABLET	PRAMIPEXOLE	90 tablets per 30 days	
MIRAPEX 1.5 MG TABLET	PRAMIPEXOLE	90 tablets per 30 days	
MIRAPEX ER 0.375 MG TABLET	PRAMIPEXOLE ER	30 tablets per 30 days	
MIRAPEX ER 0.75 MG TABLET	PRAMIPEXOLE ER	30 tablets per 30 days	
MIRAPEX ER 1.5 MG TABLET	PRAMIPEXOLE ER	30 tablets per 30 days	
MIRAPEX ER 3 MG TABLET	PRAMIPEXOLE ER	30 tablets per 30 days	
MIRAPEX ER 4.5 MG TABLET	PRAMIPEXOLE ER	30 tablets per 30 days	
MITIGARE 0.6 MG CAPSULE	COLCHICINE	90 tablets per 30 days	
M-M-R II VACCINE VIAL WITH DILUENT	MEASLES, MUMPS, RUBELLA VACCINE	1 vial per 28 days	



Brand Name	Generic Name	Quantity Limit	Indication
MOBAN 10 MG TABLET	MOLINDONE	120 tablets per 30 days	
MOBAN 25 MG TABLET	MOLINDONE	270 tablets per 30 days	
MOBAN 5 MG TABLET	MOLINDONE	120 tablets per 30 days	
MOBIC 15 MG TABLET	MELOXICAM	30 tablets per 30 days	
MOBIC 7.5 MG TABLET	MELOXICAM	60 tablets per 30 days	
MOBIC 7.5 MG/5 ML LIQUID	MELOXICAM	300 mL per 30 days	
Modafinil 100mg, 200mg	modafinil	30 tablets per 30 days	
MONOPRIL 10 MG TABLET	FOSINOPRIL	60 tablets per 30 days	
MONOPRIL 20 MG TABLET	FOSINOPRIL	60 tablets per 30 days	
MONOPRIL 40 MG TABLET	FOSINOPRIL	30 tablets per 30 days	
MONOPRIL-HCT 10 MG/12.5 MG TABLET	FOSINOPRIL/HYDRO CHLOROTHIAZIDE	60 tablets per 30 days	
MONOPRIL-HCT 20 MG/12.5 MG TABLET	FOSINOPRIL/HYDRO CHLOROTHIAZIDE	60 tablets per 30 days	
MONOVISC 88 MG/4 ML SYRINGE	HYALURONATE SODIUM, STABILIZED	8 mL per 30 days	
MORGIDOX 1 X 50 MG KIT	DOXYCYCLINE/SKIN CLEANSER	1 kit per month	
MORGIDOX 1X100 MG KIT	DOXYCYCLINE/SKIN CLEANSER	1 kit per month	

Brand Name	Generic Name	Quantity Limit	Indication
MORGIDOX 2X100 MG KIT	DOXYCYCLINE/SKIN CLEANSER	1 kit per month	
MORPHABOND ER 100 MG TABLET	MORPHINE SULFATE	60 tablets per 30 days	
MORPHABOND ER 15 MG TABLET	MORPHINE SULFATE	60 tablets per 30 days	
MORPHABOND ER 30 MG TABLET	MORPHINE SULFATE	60 tablets per 30 days	
MORPHABOND ER 60 MG TABLET	MORPHINE SULFATE	60 tablets per 30 days	
Morphine sulfate oral solution 10mg/5mL	morphine sulfate solution	900 ml per month	
Morphine sulfate oral solution 20mg/5mL	morphine sulfate solution	900 ml per month	
Morphine sulfate (concentrate) oral solution 100mg/5mL (20 mg/mL)	morphine sulfate solution	180 ml per month	
MORPHINE 100 MG/5 ML CONCENTRATE (INTENSOL)	MORPHINE SULFATE	270mL per 30 days	
MORPHINE 20 MG/ML CONCENTRATE (INTENSOL)	MORPHINE SULFATE	270 mL per 30 days	
MOVANTIK 12.5 MG TABLET	NALOXEGOL	30 tablets per 30 days	
MOVANTIK 25 MG TABLET	NALOXEGOL	30 tablets per 30 days	
Moxeza	Moxifloxacin HCL Drops	1 bottle per month	
MS CONTIN 100 MG TABLET	MORPHINE SULFATE ER	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
MS CONTIN 15 MG TABLET	MORPHINE SULFATE ER	90 tablets per 30 days	
MS CONTIN 200 MG TABLET	MORPHINE SULFATE ER	60 tablets per 30 days	
MS CONTIN 30 MG TABLET	MORPHINE SULFATE ER	60 tablets per 30 days	
MS CONTIN 60 MG TABLET	MORPHINE SULFATE ER	60 tablets per 30 days	
MSIR 10 MG/5 ML SOLN	MORPHINE SULFATE IR	900 mL per 30 days	
MSIR 15 MG TABLET	MORPHINE SULFATE IR	180 tablets per 30 days	
MSIR 20 MG/5 ML SOLN	MORPHINE SULFATE IR	450 mL per 30 days	
MSIR 30 MG TABLET	MORPHINE SULFATE IR	180 tablets per 30 days	
MULTAQ 400 MG TABLET	DRONEDARONE	60 tablets per 30 days	
MYCELEX 10 MG TROCHE	CLOTRIMAZOLE	150 troches per 30 days	
MYDAYIS ER 12.5 MG	AMPHETAMINE MIXED SALTS	30 tablets per 30 days	
MYDAYIS ER 25 MG	AMPHETAMINE MIXED SALTS	30 tablets per 30 days	
MYDAYIS ER 37.5 MG	AMPHETAMINE MIXED SALTS	30 tablets per 30 days	
MYDAYIS ER 50 MG	AMPHETAMINE MIXED SALTS	30 tablets per 30 days	
MYOBLOC 10000 UNITS INJECTION VIAL	RIMABOTULINUMTOXIN B	1 vial per 84 days	

Brand Name	Generic Name	Quantity Limit	Indication
MYOBLOC 2500 UNITS INJECTION VIAL	RIMABOTULINUMTO XIN B	1 vial per 84 days	
MYOBLOC 5000 UNITS INJECTION VIAL	RIMABOTULINUMTO XIN B	1 vial per 84 days	
MYRBETRIQ ER 25 MG TABLET	MIRABEGRON	30 tablets per 30 days	
MYRBETRIQ ER 50 MG TABLET	MIRABEGRON	30 tablets per 30 days	
MYSOLINE 250 MG TABLET	PRIMIDONE	240 tablets per 30 days	
MYSOLINE 50 MG TABLET	PRIMIDONE	240 tablets per 30 days	
NALFON 200 MG PULVULE	FENOPROFEN	360 tablets per 30 days	
NALFON 400 MG CAPSULE	FENOPROFEN	120 tablets per 30 days	
NAMENDA 10 MG TABLET	MEMANTINE	60 tablets per 30 days	
NAMENDA 10 MG/5 ML ORAL SOLUTION	MEMANTINE	300 mL per 30 days	
NAMENDA 5 MG TABLET	MEMANTINE	60 tablets per 30 days	
NAMENDA XR 14 MG CAPSULE	MEMANTINE HCL EXTENDED-RELEASE	30 tablets per 30 days	
NAMENDA XR 21 MG CAPSULE	MEMANTINE HCL EXTENDED-RELEASE	30 tablets per 30 days	
NAMENDA XR 28 MG CAPSULE	MEMANTINE HCL EXTENDED-RELEASE	30 tablets per 30 days	
NAMENDA XR 7 MG CAPSULE	MEMANTINE HCL EXTENDED-RELEASE	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
NAMENDA XR TITRATION PACK	MEMANTINE HCL EXTENDED-RELEASE	30 tablets per 30 days	
NAMZARIC 10 MG/14 MG ER CAPSULE	MEMANTINE/DONEP EZIL	30 tablets per 30 days	
NAMZARIC 10 MG/28 MG ER CAPSULES	MEMANTINE/DONEP EZIL	30 tablets per 30 days	
NAMZARIC 21/10 MG CAPSULE	MEMANTINE/DONEP EZIL	30 tablets per 30 days	
NAMZARIC 7/10 MG CAPSULE	MEMANTINE/DONEP EZIL	30 tablets per 30 days	
NAMZARIC TITRATION PACK	MEMANTINE/DONEP EZIL	30 tablets per 30 days	
NAPRELAN CR 375 MG TABLET	NAPROXEN	90 tablets per 30 days	
NAPRELAN CR 500 MG TABLET	NAPROXEN	90 tablets per 30 days	
NAPRELAN CR 750 MG TABLET	NAPROXEN	60 tablets per 30 days	
NAPRELAN CR DOSECARD 500 MG/750 MG	NAPROXEN	60 tablets per 30 days	
NAPROSYN 250 MG TABLET/CAPLET	NAPROXEN	120 tablets per 30 days	
NAPROSYN 375 MG TABLET/CAPLET	NAPROXEN	90 tablets per 30 days	
NAPROSYN 500 MG TABLET/CAPLET	NAPROXEN	90 tablets per 30 days	
NAPROXEN 125 MG/5 ML LIQUID	NAPROXEN	1800 ml per 30 days	
NAPROXEN 220 MG TABLET/CAPLET	NAPROXEN	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Nardil	Phenelzine	180 tablets per month	
NASACORT AQ 55 MCG	TRIAMCINOLONE	16.5mL per 30 days	
NASONEX NASAL SPRAY	MOMETASONE	17.1mL per 30 days	
NATESTO NASAL 5.5 MG/0.122 GM	TESTOSTERONE	23gm per 30 days	
NATPARA 100 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days	
NATPARA 25 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days	
NATPARA 50 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days	
NATPARA 75 MCG DOSE CARTRIDGE	PARATHYROID HORMONE	2 cartridges per 28 days	
Navane 1mg, 2mg, 5mg	thiothixene	360 capsules per month	
Navane 10mg	thiothixene	180 capsules per month	
NEOSPORIN GU IRRIGATION 40 MG/ML AMP	NEOMYCIN/POLYMYXIN B IRRIG.	60mL per 30 days	
NEOSPORIN GU IRRIGATION 40 MG/ML VIAL	NEOMYCIN/POLYMYXIN B IRRIG.	60mL per 30 days	
NERLYNX 40 MG TABLET	NERATINIB	180 tablets per 30 days	
Nesina 6.25mg, 12.5mg, 25mg	alogliptan	30 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
NEULASTA 6 MG/0.6 ML ONPRO DELIVERY KIT	PEGFILGRASTIM	1 delivery kits per 14 days	
NEULASTA 6 MG/0.6 ML SYRINGE	PEGFILGRASTIM	2 syringes (1.2mL) per 14 days	
NEUPRO 1 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days	
NEUPRO 2 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days	
NEUPRO 3 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days	
NEUPRO 4 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days	
NEUPRO 6 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days	
NEUPRO 8 MG/24 HR PATCH	ROTIGOTINE	30 patches per 30 days	
Neurontin 100, 300, 400, 600mg	gabapentin	180 tablets or capsules per month	
Neurontin 800mg	gabapentin	120 tablets per month	
NEXAVAR 200 MG TABLET	SORAFENIB	120 tablets per 30 days	
NEXPLANON 68 MG IMPLANT	ETONOGESTREL IMPLANT	1 per 12 months	
Nexium (all strengths and packets)	Esomeprazole	30 capsules/packets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
NICODERM CQ 14 MG/24 HOURS TRANSDERMAL PATCH	NICOTINE	30 patches per 30 days	
NICODERM CQ 21 MG/24 HOURS TRANSDERMAL PATCH	NICOTINE	30 patches per 30 days	
NICODERM CQ 7 MG/24 HOURS TRANSDERMAL PATCH	NICOTINE	30 patches per 30 days	
NICORETTE 2 MG GUM	NICOTINE POLACRILEX	720 gums per 30 days	
NICORETTE 2 MG LOZENGE	NICOTINE POLACRILEX	600 lozenges per 30 days	
NICORETTE 4 MG GUM	NICOTINE POLACRILEX	720 gums per 30 days	
NICORETTE 4 MG LOZENGE	NICOTINE POLACRILEX	600 lozenges per 30 days	
NICOTROL NS 10 MG/ML NASAL SPRAY	NICOTINE	120mL per 30 days	
NICOTROL ORAL INHALATION CARTRIDGE	NICOTINE	480 cartridges per 30 days	
NIFEDIAC CC 30 MG TABLET	NIFEDIPINE	30 tablets per 30 days	
NIFEDIAC CC 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days	
NIFEDIAC CC 90 MG TABLET	NIFEDIPINE	30 tablets per 30 days	
NIFEDICAL XL 30 MG TABLET	NIFEDIPINE	30 tablets per 30 days	
NIFEDICAL XL 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
NILANDRON 150 MG TABLET	NILUTAMIDE	60 tablets per 30 days	
NINLARO 2.3 MG CAPSULE	IXAZOMIB	6 capsules per 30 days	
NINLARO 3 MG CAPSULE	IXAZOMIB	6 capsules per 30 days	
NINLARO 4 MG CAPSULE	IXAZOMIB	6 capsules per 30 days	
NIRAVAM 0.25 MG TABLET	ALPRAZOLAM ODT	180 tablets per 30 days	
NIRAVAM 0.5 MG TABLET	ALPRAZOLAM ODT	180 tablets per 30 days	
NIRAVAM 1 MG TABLET	ALPRAZOLAM ODT	120 tablets per 30 days	
NIRAVAM 2 MG TABLET	ALPRAZOLAM ODT	60 tablets per 30 days	
NISOLDIPINE ER 20 MG TABLET	NISOLDIPINE	30 tablets per 30 days	
NISOLDIPINE ER 30 MG TABLET	NISOLDIPINE	60 tablets per 30 days	
NISOLDIPINE ER 40 MG TABLET	NISOLDIPINE	30 tablets per 30 days	
NIZORAL 200 MG TABLET	KETOCONAZOLE	30 tablets per 30 days	
NODOLOR CAPSULE	ISOMETHEPTENE/DI CHLORALPHENAZON E/APAP	240 tablets per 30 days	
NOLVADEX 10 MG TABLET	TAMOXIFEN	60 tablets per 30 days	
NOLVADEX 20 MG TABLET	TAMOXIFEN	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
NORCO 10 MG/325 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	150 tablets per 30 days	
NORCO 5 MG/325 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	300 tablets per 30 days	
NORCO 7.5 MG/325 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	180 tablets per 30 days	
NORFLEX ER 100 MG SR TABLET	ORPHENADRINE SR	60 tablets per 30 days	
Norpramin 10mg, 25mg, 50mg, 75mg	desipramine	60 tablets per month	
Norpramin 100mg	desipramine	90 tablets per month	
Norpramin 150mg	desipramine	60 tablets per month	
NORTHERA 100 MG CAPSULE	DROXIDOPA	90 tablets per 30 days	
NORTHERA 200 MG CAPSULE	DROXIDOPA	90 tablets per 30 days	
NORTHERA 300 MG CAPSULE	DROXIDOPA	180 tablets per 30 days	
NORVASC 10 MG TABLET	AMLODIPINE	30 tablets per 30 days	
NORVASC 2.5 MG TABLET	AMLODIPINE	120 tablets per 30 days	
NORVASC 5 MG TABLET	AMLODIPINE	60 tablets per 30 days	
NOVA MAX BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 test strips for 30 days	
Norvir 100mg	ritonavir	360 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Novolin 70/30	human insulin isophane/human insulin regular	30 mL per month	
Novolin N	human insulin isophane	30 mL per month	
Novolin R	human insulin regular	30 mL per month	
Novolog	insulin aspart	30 mL per month	
Novolog Mix 70-30	insulin aspart protamine/insulin aspart	30 mL per month	
Novolog Mix 70-30 FlexPen	insulin aspart protamine/insulin aspart	30 mL per month	
NOXAFIL 300 MG/16.7 ML VIAL	POSACONAZOLE	753mL per 30 days	
NOXAFIL 40 MG/ML SUSPENSION	POSACONAZOLE	600ml per 30 days	
NOXAFIL DR 100 MG TABLET	POSACONAZOLE	100 tablets per 30 days	
NUCALA 100 MG VIAL	MEPOLIZUMAB	3 vials per 28 days	
NUCYNTA 100 MG TABLET	TAPENTADOL	120 tablets per 30 days	
NUCYNTA 50 MG TABLET	TAPENTADOL	120 tablets per 30 days	
NUCYNTA 75 MG TABLET	TAPENTADOL	120 tablets per 30 days	
NUCYNTA ER 100 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days	
NUCYNTA ER 150 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
NUCYNTA ER 200 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days	
NUCYNTA ER 250 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days	
NUCYNTA ER 50 MG TABLET	TAPENTADOL HCL ER	60 tablets per 30 days	
NUEDEXTA 20-10 MG CAPSULE	DEXTROMETHORPH AN/QUINIDINE	60 tablets per 30 days	
NUPLAZID 17 MG TABLET	PIMAVANSERIN	60 tablets per 30 days	
Nuvaring	etonogestrel/ethinyl estradiol vaginal ring	1 per 28 days	
Nuvigil 50mg	armodafinil	60 tablets per month	
Nuvigil 150mg, 200mg, 250mg	armodafinil	30 tablets per month	
OCALIVA 10 MG TABLET	OBETICHOLIC ACID	30 tablets per 30 days	
OCALIVA 5 MG TABLET	OBETICHOLIC ACID	30 tablets per 30 days	
OCREVUS 300 MG/10 MLVIAL	OCRELIZUMAB	22mL per 30 days	
Odactra	House dust mite allergen extract	30 tablets per month	
ODEFSEY 200 MG/25 MG/25 MG TABLET	EMTRICITABINE/RIL PIVIRINE/TENOFOVI R ALAFENAMIDE	30 tablets per 30 days	
ODOMZO 200 MG CAPSULE	SONIDEGIB	30 tablets per 30 days	
OFEV 100 MG CAPSULE	NINTEDANIB ESYLATE	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
OFEV 150 MG CAPSULE	NINTEDANIB ESYLATE	60 tablets per 30 days	
OFF! ACTIVE INSECT REPELLENT I 15% AEROSOL	DIETHYLTOLUAMID E	900mL per 30 days	
OFF! DEEP WOODS INSECT REPELLENT V 25% AEROSOL	DIETHYLTOLUAMID E	903mL per 30 days	
OFF! DEEP WOODS INSECT REPELLENT VII PUMP	DIETHYLTOLUAMID E	900mL per 30 days	
OFF! DEEP WOODS INSECT REPELLENT VIII DRY 25% AERO.	DIETHYLTOLUAMID E	900mL per 30 days	
OFF! FAMILYCARE INSECT REPELLENT I SMOOTH & DRY 15%	DIETHYLTOLUAMID E	1080mL per 30 days	
Oleptro 50mg, 100mg, 300mg	trazodone	60 tablets per month	
Oleptro 150mg	trazodone	120 tablets per month	
OLYSIO 150 MG CAPSULE	SIMEPREVIR	30 capsules per day	
OMNARIS NASAL SPRAY	CICLESONIDE AQUEOUS	12.6mL per 30 days	
ONE TOUCH DELICA LANCING DEVICE	BLOOD GLUCOSE LANCING DEVICE	30 per 30 days	
ONE TOUCH PENLET PLUS	BLOOD GLUCOSE LANCING DEVICE	30 per 30 days	
ONE TOUCH ULTRA 2 BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year	

Brand Name	Generic Name	Quantity Limit	Indication
ONE TOUCH ULTRA BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 test strips for 30 days	
ONE TOUCH ULTRA LINK BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year	
ONE TOUCH ULTRA MINI BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year	
ONE TOUCH ULTRA SMART BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year	
ONE TOUCH ULTRA SYSTEM BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year	
ONE TOUCH VERIO BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 test strips for 30 days	
ONE TOUCH VERIO IQ BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 glucose meter per year	
ONFI 10 MG TABLET	CLOBAZAM	60 tablets per 30 days	
ONFI 2.5 MG/ML SUSPENSION	CLOBAZAM	480mL per 30 days	
ONFI 20 MG TABLET	CLOBAZAM	60 tablets per 30 days	
ONFI 5 MG TABLET	CLOBAZAM	60 tablets per 30 days	
Onglyza 2.5mg, 5mg	saxagliptin	30 tablets per month	
ONMEL 200 MG TABLET	ITRACONAZOLE	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Opana ER	oxymorphone extended release	60 tablets per month	
Opana IR	oxymorphone immediate release	180 tablets per month	
OPIUM TINCTURE 10 MG/ML	OPIUM	150 ml per month	
OPSUMIT 10 MG TABLET	MACITENTAN	30 tablets per 30 dys	
OPTIUM BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
ORACEA 40 MG CAPSULE	DOXYCYCLINE MONOHYDRATE	30 tablets per 30 dys	
Oralair 100 IR	Sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens	3 tablets per month	
Oralair 300 IR	Sweet vernal, orchard, perennial rye, Timothy and Kentucky blue grass mixed pollens	30 tablets per month	
ORAMORPH SR 100 MG TABLET	MORPHINE SULFATE SR	60 tablets per 30 days	
ORAMORPH SR 15 MG TABLET	MORPHINE SULFATE SR	90 tablets per 30 days	
ORAMORPH SR 30 MG TABLET	MORPHINE SULFATE SR	60 tablets per 30 days	
ORAMORPH SR 60 MG TABLET	MORPHINE SULFATE SR	60 tablets per 30 days	
ORAP 1mg	pimozide	300 tablets per month	
ORAP 2mg	pimozide	150 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
ORAVIG 50 MG BUCCAL TABLET	MICONAZOLE	30 tablets per 30 dys	
ORENCIA 125 MG INJECTION SYRINGE	ABATACEPT	4 ml per 28 days	
ORENCIA 125 MG/ML CLICKJET	ABATACEPT	4 ml per 28 days	
ORENCIA 250 MG INJECTION VIAL	ABATACEPT	8 vials per 28 days	
ORENCIA 50 MG/0.4ML SYRINGE	ABATACEPT	1.6 ml per 28 days	
ORENCIA 87.5 MG/0.7 ML SYRINGE	ABATACEPT	2.8 ml per 28 days	
ORKAMBI 100 MG/125 MG TABLET	LUMACAFTOR/IVAC AFTOR	120 tablets per 30 days	
ORKAMBI 200 MG/125 MG TABLET	LUMACAFTOR/IVAC AFTOR	120 tablets per 30 days	
ORTHO EVRA TRANSDERMAL PATCH	NORELGESTROMIN/E THINYL ESTRADIOL	4 patches per 28 days	
ORTHOVISC 15 MG/ML SYRINGE	HYALURONATE SODIUM	16 ml per 28 days	
OSENI 12.5 MG/15 MG TABLET	ALOGLIPTIN/PIOGLIT AZONE	30 tablets per 30 dys	
OSENI 12.5 MG/30 MG TABLET	ALOGLIPTIN/PIOGLIT AZONE	30 tablets per 30 dys	
OSENI 12.5 MG/45 MG TABLET	ALOGLIPTIN/PIOGLIT AZONE	30 tablets per 30 dys	
OSENI 25 MG/15 MG TABLET	ALOGLIPTIN/PIOGLIT AZONE	30 tablets per 30 dys	
OSENI 25 MG/30 MG TABLET	ALOGLIPTIN/PIOGLIT AZONE	30 tablets per 30 dys	



Brand Name	Generic Name	Quantity Limit	Indication
OSENI 25 MG/45 MG TABLET	ALOGLIPTIN/PIOGLITAZONE	30 tablets per 30 dys	
OTEZLA 30 MG TABLET	APREMILAST	60 tablets per 30 days	
OTEZLA STARTER PACK (28 DAY, 55 TABLETS)	APREMILAST	55 tablets per 28 days	
OTREXUP 10 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days	
OTREXUP 15 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days	
OTREXUP 20 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days	
OTREXUP 25 MG/0.4 ML AUTO-INJECTOR	METHOTREXATE	1.6 ml per 28 days	
OXANDRIN 10 MG TABLET	OXANDROLONE	60 tablets per 30 days	
OXANDRIN 2.5 MG TABLET	OXANDROLONE	240 tablets per 30 days	
OXAYDO 5 MG TABLET	OXYCODONE HCL	180 tablets per 30 days	
OXAYDO 7.5 MG TABLET	OXYCODONE HCL	120 tablets per 30 days	
OXY IR 5MG CAPSULE	OXYCODONE	180 capsules per 30 days	
Oxycodone IR	oxycodone immediate release	180 tablets per month	
Oxycodone oral solution 5mg/5mL	oxycodone solution	2700 ml per month	
Oxycodone (concentrate) oral solution 100mg/5mL (20mg/mL)	oxycodone solution	180 ml per month	

Brand Name	Generic Name	Quantity Limit	Indication
OXYCODONE 10 MG/0.5 ML ORAL SYRINGE	OXYCODONE HCL	270 ml per 30 days	
OXYCODONE 20 MG/ML SOLN	OXYCODONE	270 ml per 30 days	
OXYCODONE 5 MG/5 ML SOLN	OXYCODONE	900 ml per 30 days	
OXYCONTIN 10 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days	
OXYCONTIN 15 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days	
OXYCONTIN 20 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days	
OXYCONTIN 30 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days	
OXYCONTIN 40 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days	
OXYCONTIN 60 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days	
OXYCONTIN 80 MG CR TABLET	OXYCODONE CR	60 tablets per 30 days	
OXYTROL 3.9 MG/DAY TD PATCH	OXYBUTYNIN	8 patches per 28 days	
OXYTROL FOR WOMEN 3.9 MG/DAY TD PATCH	OXYBUTYNIN	8 patches per 28 days	
Ozempic	Semaglutide	3 ml (2 pens) per 28 days	
Pamelor 10mg, 25mg	nortriptyline	120 capsules per month	
Pamelor 50mg, 75mg	nortriptyline	60 capsules per month	

Brand Name	Generic Name	Quantity Limit	Indication
PANLOR 325-30-16 MG TABLET	ACETAMINOPHEN/C AFFEINE/DIHYDRO C ODEINE	300 tablets per 30 days	
PARAFON FORTE DSC 500 MG TABLET	CHLORZOXAZONE	180 tablets per 30 days	
PARCOPA 10/100 MG ODT	CARBIDOPA/LEVOD OPA	240 tablets per 30 days	
PARCOPA 25/100 MG ODT	CARBIDOPA/LEVOD OPA	240 tablets per 30 days	
PARCOPA 25/250 MG ODT	CARBIDOPA/LEVOD OPA	240 tablets per 30 days	
PARLODEL 2.5 MG TABLET	BROMOCRIPTINE	600 tablets per 30 days	
PARLODEL 5 MG CAPSULE	BROMOCRIPTINE	300 tablets per 30 days	
Pataday	olopatadine	1 bottle per 25 days	
Paxil 10, 20, 40 mg	paroxetine	30 tablets per month	
Paxil 30mg	Paroxetine	60 tablets per month	
PEGANONE 250 MG TABLET	ETHOTOIN	360 tablets per 30 days	
Pegasys Kit 180 mcg	Peginterferon alfa-2a	4 kits per 28 days	
Pegasys Proclick Solution 135 mcg and 180 mcg	Peginterferon alfa-2a	4 syringes per 28 days	
Pegasys Solution 180 mcg	Peginterferon alfa-2a	4 vials per 28 days	

Brand Name	Generic Name	Quantity Limit	Indication
PENERGAN 25 MG SUPPOSITORY	PROMETHAZINE	180 suppositories per 30 days	
PENTASA 250 MG ER CAPSULE	MESALAMINE	480 capsules per 30 days	
PENTASA 500 MG ER CAPSULE	MESALAMINE	240 capsules per 30 days	
PEPCID 10 MG TABLET	FAMOTIDINE	60 tablets per 30 days	
PEPCID 20 MG TABLET	FAMOTIDINE	60 tablets per 30 days	
PEPCID 40 MG TABLET	FAMOTIDINE	30 tablets per 30 dys	
PERCOCET 10 MG/325 MG TABLET	OXYCODONE/APAP	120 tablets per 30 days	
PERCOCET 2.5 MG/325 MG TABLET	OXYCODONE/APAP	300 tablets per 30 days	
PERCOCET 5 MG/325 MG TABLET	OXYCODONE/APAP	180 tablets per 30 days	
PERCOCET 7.5 MG/325 MG TABLET	OXYCODONE/APAP	120 tablets per 30 days	
PERCODAN TABLET	OXYCODONE/ASA	180 tablets per 30 days	
PERFOROMIST 20 MCG/2 ML SOLN	FORMOTEROL	120 ml per 30 days	
Permethrin	Permethrin	120 mL (1 bottle) per month	
PERSANTINE 25 MG TABLET	DIPYRIDAMOLE	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
PERSANTINE 50 MG TABLET	DIPYRIDAMOLE	240 tablets per 30 days	
PERSANTINE 75 MG TABLET	DIPYRIDAMOLE	120 tablets per 30 days	
PEXEVA 10 MG TABLET	PAROXETINE MESYLATE	30 tablets per 30 dys	
PEXEVA 20 MG TABLET	PAROXETINE MESYLATE	30 tablets per 30 dys	
PEXEVA 30 MG TABLET	PAROXETINE MESYLATE	60 tablets per 30 days	
PEXEVA 40 MG TABLET	PAROXETINE MESYLATE	30 tablets per 30 dys	
PHENERGAN 12.5 MG SUPPOSITORY	PROMETHAZINE	180 suppositories per 30 days	
PHENERGAN 12.5 MG TABLET	PROMETHAZINE	180 tablets per 30 days	
PHENERGAN 25 MG TABLET	PROMETHAZINE	180 tablets per 30 days	
PHENERGAN 50 MG SUPPOSITORY	PROMETHAZINE	90 suppositories per 30 days	
PHENERGAN 50 MG TABLET	PROMETHAZINE	90 tablets per 30 days	
Phenergan VC with Codeine	phenylephrine/codeine/promethazine solution	900 ml per month	
Phenergan with Codeine	codeine/promethazine syrup	900 ml per month	
PHENYTEK 200 MG CAPSULE	PHENYTOIN	90 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
PHENYTEK 300 MG CAPSULE	PHENYTOIN	60 tablets per 30 days	
PHOSLO 667 MG CAPSULE/TABLET	CALCIUM ACETATE	360 capsules/tablets per 30 days	
PHOSLYRA 667 MG/5 ML ORAL SOLUTION	CALCIUM ACETATE	1800 ml per 30 days	
PHRENILIN 50 MG/325 MG TABLET	BUTALBITAL/ACETAMINOPHEN	18 tablets per 30	
Plavix	Clopidogrel	30 tablets per month	
PLEGRIDY 125 MCG/0.5 ML PEN	PEGINTERFERON BETA-1A	1 ml per 28 days	
PLEGRIDY 125 MCG/0.5 ML SYRINGE	PEGINTERFERON BETA-1A	1 ml per 28 days	
PLEGRIDY PEN INJECTION STARTER PACK	PEGINTERFERON BETA-1A	1 ml per 28 days	
PLEGRIDY SYRINGE STARTER PACK	PEGINTERFERON BETA-1A	1 ml per 28 days	
PLENDIL 10 MG TABLET SA	FELODIPINE	30 tablets per 30 dys	
PLENDIL 2.5 MG TABLET SA	FELODIPINE	30 tablets per 30 dys	
PLENDIL 5 MG TABLET SA	FELODIPINE	30 tablets per 30 dys	
PLETAL 100 MG TABLET	CILOSTAZOL	60 tablets per 30 days	
PLETAL 50 MG TABLET	CILOSTAZOL	60 tablets per 30 days	
POMALYST 1 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
POMALYST 2 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days	
POMALYST 3 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days	
POMALYST 4 MG CAPSULE	POMALIDOMIDE	30 capsules per 30 days	
PONSTEL 250 MG CAPSULE	MEFENAMIC ACID	180 capsules per 30 days	
POTIGA 200 MG TABLET	EZOGABINE	90 tablets per 30 days	
POTIGA 300 MG TABLET	EZOGABINE	90 tablets per 30 days	
POTIGA 400 MG TABLET	EZOGABINE	90 tablets per 30 days	
POTIGA 50 MG TABLET	EZOGABINE	270 tablets per 30 days	
PRADAXA 110 MG CAPSULE	DABIGATRAN	60 capsules per 30 days	
PRADAXA 150 MG CAPSULE	DABIGATRAN	60 capsules per 30 days	
PRADAXA 75 MG CAPSULE	DABIGATRAN	60 capsules per 30 days	
Praluent	alirocumab	2 syringes per month	
PRANDIMET 1 MG/500 MG TABLET	REPAGLINIDE/METFORMIN	150 tablets per 30 days	
PRANDIMET 2 MG/500 MG TABLET	REPAGLINIDE/METFORMIN	150 tablets per 30 days	
PRANDIN 0.5 MG TABLET	REPAGLINIDE	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
PRANDIN 1 MG TABLET	REPAGLINIDE	120 tablets per 30 days	
PRANDIN 2 MG TABLET	REPAGLINIDE	240 tablets per 30 days	
PRAVACHOL 10 MG TABLET	PRAVASTATIN	45 tablets per 30 days	
PRAVACHOL 20 MG TABLET	PRAVASTATIN	45 tablets per 30 days	
PRAVACHOL 40 MG TABLET	PRAVASTATIN	45 tablets per 30 days	
PRAVACHOL 80 MG TABLET	PRAVASTATIN	30 tablets per 30 days	
Precision Xtra Test Strips ( $\geq$ 21 years of age or older)	Blood sugar diagnostic strips	150 test strips per 30 day(s)	
Precision Xtra Test Strips (< 21 years of age or older)	Blood sugar diagnostic strips	200 test strips per 30 day(s)	
PRECOSE 100 MG TABLET	ACARBOSE	90 tablets per 30 days	
PRECOSE 25 MG TABLET	ACARBOSE	90 tablets per 30 days	
PRECOSE 50 MG TABLET	ACARBOSE	90 tablets per 30 days	
Premarin	estrogens, conjugated	30 tablets per month	
PREMARIN 25 MG VIAL	CONJUGATED ESTROGENS	60 per 30 days	
PRESTALIA 14 MG/10 MG TABLET	PERINDOPRIL ARGININE/AMLODIPINE BESYLATE	30 tablets per 30 dys	



Brand Name	Generic Name	Quantity Limit	Indication
PRESTALIA 3.5 MG/2.5 MG TABLET	PERINDOPRIL ARGININE/AMLODIPINE BESYLATE	60 tablets per 30 days	
PRESTALIA 7 MG/5 MG TABLET	PERINDOPRIL ARGININE/AMLODIPINE BESYLATE	60 tablets per 30 days	
PRESTIGE BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
PRESTIGE SMART BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
PREVPAC PATIENT PACK	LANSOPRAZOLE/AMOXICILLIN/CLARITHRIN	240 tablets per 30 days	
PREVYMIS 240 MG TABLET	LETERMOVIR	30 tablets per 30 dys	
PREVYMIS 240 MG/ 12 ML VIAL	LETERMOVIR	360 ml per 30 days	
PREVYMIS 480 MG TABLET	LETERMOVIR	30 tablets per 30 dys	
PREVYMIS 480 MG/ 24 ML VIAL	LETERMOVIR	720 ml per 30 days	
PREZCOBIX 800 MG/150 MG TABLET	DARUNAVIR/COBICISTAT	30 tablets per 30 dys	
Prezista 75mg	darunavir	480 tablets per month	
Prezista 150mg	darunavir	240 tablets per month	
Prezista 600mg	darunavir	60 tablets per month	
Prezista 800mg	darunavir	30 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Prevacid	lansoprazole	60 capsules per month	
Prilosec	omeprazole	60 capsules per month	
PRIMAXIN 250 MG VIAL	IMIPENEM/CILASTATIN	240 vials per 30 days	
PRIMAXIN 500 MG VIAL	IMIPENEM/CILASTATIN	240 vials per 30 days	
PRINIVIL 10 MG TABLET	LISINOPRIL	60 tablets per 30 days	
PRINIVIL 2.5 MG TABLET	LISINOPRIL	60 tablets per 30 days	
PRINIVIL 20 MG TABLET	LISINOPRIL	60 tablets per 30 days	
PRINIVIL 30 MG TABLET	LISINOPRIL	60 tablets per 30 days	
PRINIVIL 40 MG TABLET	LISINOPRIL	60 tablets per 30 days	
PRINIVIL 5 MG TABLET	LISINOPRIL	60 tablets per 30 days	
PRINZIDE 10 MG/12.5 MG TABLET	LISINOPRIL/HYDROCHLOROTHIAZIDE	120 tablets per 30 days	
PRINZIDE 20 MG/12.5 MG TABLET	LISINOPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days	
PRISTIQ 100 MG TABLET	DESVENLAFAXINE SUCCINATE MONOHYDRATE	30 tablets per 30 dys	
PRISTIQ 50 MG TABLET	DESVENLAFAXINE SUCCINATE MONOHYDRATE	30 tablets per 30 dys	

Brand Name	Generic Name	Quantity Limit	Indication
Proair Respiclick/HFA	albuterol	2 inhaler per month	
PROBUPHINE 74.2 MG IMPLANT	BUPRENORPHINE HCL	4 implants per 180 days	
PROCARDIA XL 30 MG TABLET	NIFEDIPINE	30 tablets per 30 dys	
PROCARDIA XL 60 MG TABLET	NIFEDIPINE	60 tablets per 30 days	
PROCARDIA XL 90 MG TABLET	NIFEDIPINE	30 tablets per 30 dys	
PROCENTRA 5 MG/5 ML ORAL SOLUTION	DEXTROAMPHETAMINE	1800 ml per 30 days	
PRODIGY AUTOCODE BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per year	
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
PRODIGY VOICE BLOOD GLUCOSE METER	BLOOD GLUCOSE METER	1 meter per year	
PROLIA 60 MG/ML INJECTION SYRINGE	DENOSUMAB	1 ml per 180 days	
PROMACTA 12.5 MG TABLET	ELTROMBOPAG	120 tablets per 30 days	
PROMACTA 25 MG TABLET	ELTROMBOPAG	90 tablets per 30 days	
PROMACTA 50 MG TABLET	ELTROMBOPAG	60 tablets per 30 days	
PROMACTA 75 MG TABLET	ELTROMBOPAG	60 tablets per 30 days	
PROMETRIUM 100 MG CAPSULE	PROGESTERONE	30 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
PROMETRIUM 200 MG CAPSULE	PROGESTERONE	60 capsules per 30 days	
PROSCAR 5 MG TABLET	FINASTERIDE	30 tablets per 30 dys	
PROSOM 1 MG TABLET	ESTAZOLAM	30 tablets per 30 dys	
PROSOM 2 MG TABLET	ESTAZOLAM	30 tablets per 30 dys	
Protonix	pantoprazole	60 tablets per month	
Proventil HFA	albuterol	2 inhalers per month	
PROVERA 10 MG TABLET	MEDROXYPROGESTERONE ACETATE	30 tablets per 30 dys	
PROVERA 2.5 MG TABLET	MEDROXYPROGESTERONE ACETATE	30 tablets per 30 dys	
PROVERA 5 MG TABLET	MEDROXYPROGESTERONE ACETATE	30 tablets per 30 dys	
Prozac 10mg	fluoxetine	60 capsules per month	
Prozac 20mg	fluoxetine	120 capsules per month	
Prozac 40mg	Fluoxetine	60 capsules per month	
Prozac solution	Fluoxetine 20mg/5mL solution	600mL per month	
PSS BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 tablets per 30 days	
Pulmicort Flexhaler 180	budesonide	2 inhalers per month	

Brand Name	Generic Name	Quantity Limit	Indication
Pulmicort Flexhaler 90	budesonide	8 inhalers per month	
Pulmicort Respules 0.25, 0.5mg	budesonide	60 vials or 120mL per month	
Pulmicort Respules 1mg	budesonide	30 vials or 60mL per month	
Pulmozyme	dornase alfa	60 vials or 150mL per month	
QBRELIS 1 MG/ML SOLUTION	LISINOPRIL	1200 ml per 30 days	
QTERN 10 MG-5 MG TABLET	DAPAGLIFLOZIN AND SAXAGLIPTIN	30 tablets per 30 dys	
QUDEXY XR 100 MG SPRINKLE CAPSULE	TOPIRAMATE ER	60 capsules per 30 days	
QUDEXY XR 150 MG SPRINKLE CAPSULE	TOPIRAMATE ER	60 capsules per 30 days	
QUDEXY XR 200 MG SPRINKLE CAPSULE	TOPIRAMATE ER	60 capsules per 30 days	
QUDEXY XR 25 MG SPRINKLE CAPSULE	TOPIRAMATE ER	120 capsules per 30 days	
QUDEXY XR 50 MG SPRINKLE CAPSULE	TOPIRAMATE ER	120 capsules per 30 days	
Quillivant XR	methylphenidate hcl	360mL per month	
QUTENZA 8% KIT	CAPSAICIN	4 patches patches per 90 days	
Qvar 40	beclomethasone	4 inhalers per month	

Brand Name	Generic Name	Quantity Limit	Indication
Qvar 80	beclomethasone	2 inhalers per month	
Qvar Redihaler 40 mcg	beclomethasone	1 inhaler per month	
Qvar Redihaler 80 mcg	beclomethasone	2 inhalers per month	
Ragwitek	Short ragweed pollen	30 tablets per month	
RANEXA 1000 MG TABLET	RANOLAZINE	60 tablets per 30 days	
RANEXA 500 MG TABLET	RANOLAZINE	60 tablets per 30 days	
RAPAFLO 4 MG CAPSULE	SILODOSIN	30 capsules per 30 days	
RAPAFLO 8 MG CAPSULE	SILODOSIN	30 capsules per 30 days	
RASUVO 10 MG/0.2 ML AUTOINJECTOR	METHOTREXATE	5.6 ml per 28 days	
RASUVO 12.5 MG/0.25 ML AUTOINJECTOR	METHOTREXATE	7 ml per 28 days	
RASUVO 15 MG/0.3 ML AUTOINJECTOR	METHOTREXATE	8.4 ml per 28 days	
RASUVO 17.5 MG/0.35 ML AUTOINJECTOR	METHOTREXATE	9.8 ml per 28 days	
RASUVO 20 MG/0.4 ML AUTOINJECTOR	METHOTREXATE	11.2 ml per 28 days	
RASUVO 22.5 MG/0.45 ML AUTOINJECTOR	METHOTREXATE	12.6 ml per 28 days	
RASUVO 25 MG/0.5 ML AUTOINJECTOR	METHOTREXATE	14 ml per 28 days	

Brand Name	Generic Name	Quantity Limit	Indication
RASUVO 27.5 MG/0.55 ML AUTOINJECTOR	METHOTREXATE	15.4 ml per 28 days	
RASUVO 30 MG/0.6 ML AUTOINJECTOR	METHOTREXATE	16.8 ml per 28 days	
RASUVO 7.5 MG/0.15 ML AUTOINJECTOR	METHOTREXATE	4.2 ml per 28 days	
RAVICTI 1.1 GRAM/ML LIQUID	GLYCEROL PHENYLBUTYRATE	540 ml per 30 days	
RAYALDEE ER 30 MCG CAPSULE	CALCIFEDIOL	60 capsules per 30 days	
RAZADYNE ER 16 MG CAPSULE	GALANTAMINE ER	30 capsules per 30 days	
RAZADYNE ER 24 MG CAPSULE	GALANTAMINE ER	30 capsules per 30 days	
RAZADYNE ER 8 MG CAPSULE	GALANTAMINE ER	30 capsules per 30 days	
REBIF 22 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A	6 ml per 28 days	
REBIF 44 MCG/0.5 ML SYRINGE	INTERFERON BETA-1A	6 ml per 28 days	
RECLAST 5 ML/100 ML IV INJECTION	ZOLEDRONIC ACID	100 ml per 30 days	
RECTIV 0.4% OINTMENT	NITROGLYCERIN RECTAL	36 grams per 30 days	
RELAFEN 500 MG TABLET	NABUMETONE	120 tablets per 30 days	
RELAFEN 750 MG TABLET	NABUMETONE	60 tablets per 30 days	
RELENZA 5 MG DISKHALER	ZANAMAVIR	20 blisters per 5 days	

Brand Name	Generic Name	Quantity Limit	Indication
RELISTOR 12 MG/0.6 ML SYRINGE	METHYLNALTREXONE BROMIDE	18 ml per 30 days	
RELISTOR 150 MG TABLET	METHYLNALTREXONE BROMIDE	90 tablets per 30 days	
RELPAK TABLET	ELETRIPTAN	6 tablets per 30 days	
Remeron	mirtazapine	30 tablets per month	
RENAGEL 400 MG TABLET	SEVELAMER HCL	360 tablets per 30 days	
RENAGEL 800 MG TABLET	SEVELAMER HCL	180 tablets per 30 days	
REVELA 0.8 GM POWDER PACKET	SEVELAMER CARBONATE	180 packets per 30 days	
REVELA 2.4 GM POWDER PACKET	SEVELAMER CARBONATE	180 packets per 30 days	
REVELA 800 MG TABLET	SEVELAMER CARBONATE	540 tablets per 30 days	
REPATHA 140 MG/ML INJECTION SURECLICK AUTOINJECTOR	EVOLOCUMAB	3 injection systems per 28 days	
REPATHA 140 MG/ML INJECTION SYRINGE	EVOLOCUMAB	3 injection systems per 28 days	
REPATHA 420 MG/3.5 ML PUSHTRONEX SYSTEM	EVOLOCUMAB	1 system per 30 days	
REQUIP 0.25 mg, 0.5 mg. 5 mg TABLET	ROPINIROLE	120 tablets per 30 days	
REQUIP 1 mg, 2 mg TABLET	ROPINIROLE	90 tablets per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
REQUIP 3 mg, 4 mg TABLET	ROPINIROLE	180 tablets per 30 days	
REQUIP XL 8 mg, 12 mg TABLET	ROPINIROLE	60 tablets per 30 days	
REQUIP XL 2 mg, 4 mg, 6 mg TABLET	ROPINIROLE	30 tablets per 30 days	
Rescriptor 100mg	delavirdine	360 tablets per month	
Rescriptor 200mg	delavirdine	180 tablets per month	
RESTASIS MULTIDOSE 0.05% EYE DROP	CYCLOSPORINE	1 bottle per 30 days	
Restoril 7.5mg	temazepam	60 capsules per month	
Restoril 15mg, 22.5mg, 30mg	temazepam	30 capsules per month	
RETISERT 0.59 MG INTRAOCULAR IMPLANT	FLUOCINOLONE INTRAOCULAR	2 implants per 912.5 days	
Retrovir 100mg	zidovudine	180 capsules per month	
Retrovir 300mg	zidovudine	60 tablets per month	
RETROVIR 10 MG/ML ORAL SOLUTION	ZIDOVUDINE	1800 ml per 30 days	
RETROVIR 100 MG CAPSULE	ZIDOVUDINE	180 capsules per 30 days	
RETROVIR 300 MG TABLET	ZIDOVUDINE	60 capsules per 30 days	
Revatio	Sildenafil	90 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
REVLIMID 2.5 mg, 5 mg, 10 mg, 15 mg, 20 mg, 25mg TABLET	LENALIDOMIDE	30 tablets per 30 days	
REXULTI 0.25 mg, 0.5 mg, 1 mg TABLET	BREXPIPRAZOLE	60 tablets per 30 days	
REXULTI 2 mg, 3 mg, 4 mg TABLET	BREXPIPRAZOLE	30 tablets per 30 days	
REYATAZ 50 MG POWDER PACKET	ATAZANAVIR	180 packets per 30 days	
Reyataz 150mg, 200mg	atazanavir/cobicistat	60 tablets per month	
Reyataz 300mg	atazanavir/cobicistat	30 tablets per month	
RILUTEK 50 MG TABLET	RILUZOLE	60 tablets per 30 days	
RIMSO-50 SOLUTION	DIMETHYL SULFOXIDE	214.5 ml per 30 days	
RIOMET 500 MG/5 ML SOLUTION	METFORMIN	750 ml per 30 days	
Risperdal	risperidone	60 tablets per month	
Risperdal Consta	risperidone	2 syringes per 28 days	
Risperdal oral solution	risperidone	180 mL per month	
Ritalin 20mg	methylphenidate	120 tablets per month	
Ritalin 5mg, 10mg	methylphenidate	90 tablets per month	
Ritalin SR	methylphenidate extended release	120 tablet per month	

Brand Name	Generic Name	Quantity Limit	Indication
RMS 10 mg, 20 mg SUPPOSITORY	MORPHINE SULFATE	180 suppositories per 30 days	
RMS 30 MG SUPPOSITORY	MORPHINE SULFATE	120 suppositories per 30 days	
RMS 5 MG SUPPOSITORY	MORPHINE SULFATE	300 suppositories per 30 days	
ROBAXIN 500 MG TABLET	METHOCARBAMOL	480 tablets per 30 days	
ROBAXIN-750 TABLET	METHOCARBAMOL	300 tablets per 30 days	
ROCEPHIN 1 GM PIGGYBACK	CEFTRIAZONE	600ml per 30 days	
ROCEPHIN 1 gm, 2 gm, 500 mg VIAL	CEFTRIAZONE	60 vials per 30 days	
ROCEPHIN 10 GM VIAL	CEFTRIAZONE	12 vials per 30 days	
ROCEPHIN 2 GM PIGGYBACK	CEFTRIAZONE	300ml per 30 days	
ROCEPHIN 250 MG VIAL	CEFTRIAZONE	30 vials per 30 days	
Roxicet solution	oxycodone/acetaminophen solution	1200 ml per month	
Rozerem 8mg	ramelteon	30 tablets per month	
RUBRACA 200 MG TABLET	RUCAPARIB CAMSYLATE	120 tablets per 30 days	
RUBRACA 250 MG	RUCAPARIB	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
RUBRACA 300 MG TABLET	RUCAPARIB CAMSYLATE	120 tablets per 30 days	
Ruconest	C1 esterase inhibitor recombinant	8 vials per month	
RYDAPT 25 MG CAPSULE	MIDOSTAURIN	224 capsules per 28 days	
RYTARY 23.75/95 MG ER CAPSULE	CARBIDOPA/LEVOD OPA	360 capsules per 30 days	
RYTARY 36.25/145 MG ER CAPSULE	CARBIDOPA/LEVOD OPA	270 capsules per 30 days	
RYTARY 48.75/195 MG ER CAPSULE	CARBIDOPA/LEVOD OPA	360 capsules per 30 days	
RYTARY 61.25/245 MG ER CAPSULE	CARBIDOPA/LEVOD OPA	300 capsules per 30 days	
RYZOLT ER 100 mg, 200 mg, 300 mg TABLET	TRAMADOL ER	30 capsules per 30 days	
SABRIL 500 MG POWDER PACKET	VIGABATRIN	180 packets per 30 days	
SABRIL 500 MG TABLET	VIGABATRIN	180 tablets per 30 days	
SALSALATE 500 mg, 750 mg TABLET	SALSALATE	120 tablets per 30 days	
SAMSCA 15 MG TABLET	TOLVAPTAN	30 tablets per 30 days	
SAMSCA 30 MG TABLET	TOLVAPTAN	60 tablets per 30 days	
SANCTURA 20 MG TABLET	TROSPIUM	60 tablets per 30 days	
SANCTURA XR 60MG CAPSULE	TROSPIUM	30 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
SANCUSO 3.1 MG/24 HR PATCH	GRANISETRON	4 patches per 28 days	
SANDOSTATIN LAR 10 MG KIT	OCTREOTIDE INTRAMUSCULAR	1 kit per 28 days	
SANDOSTATIN LAR 10MG DEPOT KIT	OCTREOTIDE ACETATE	1 kit per 28 days	
SANDOSTATIN LAR 20MG DEPOT KIT	OCTREOTIDE ACETATE	2 kits per 28 days	
Santyl	collagenase	90 grams per month	
Saphris	asenapine	60 SL tablets per month	
SAVAYSA 15 mg, 30 mg, 60 mg MG TABLET	EDOXABAN	30 tablets per 30 days	
SAVELLA 12.5 mg, 25 mg, 50 mg, 100 mg TABLET	MILNACIPRAN	60 tablets per 30 days	
SAWYER PREMIUM INSECT REPELLENT 20% PUMP SPRAY	PICARIDIN	4 oz ( 118mL) per 4 days	
SEEBRI NEOHALER 15.6 MCG INHAL	GLYCOPYRROLATE	60 capsules per 30 days	
Segluromet	Ertugliflozin/metformin	60 tablets per 30 days	
SELZENTRY 75 mg, 150 mg TABLET	MARAVIROC	60 tablets per 30 days	
SELZENTRY 20 MG/ML SOLUTION	MARAVIROC	1800 ml per 30 days	
SELZENTRY 25 mg, 300 mg TABLET	MARAVIROC	120 tablets per 30 days	
SEMPREX-D CAPSULE	ACRIVASTINE/PSEUD OEPHEDRINE	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
SENSIPAR 30 mg, 60 mg, 90 mg TABLET	CINACALCET	120 tablets per 30 days	
Serax 10mg	oxazepam	180 capsules per month	
Serax 15mg, 30mg	oxazepam	120 capsules per month	
Serevent Diskus	salmeterol	1 inhaler per month	
Seroquel	quetiapine	90 tablets per month	
Seroquel 400mg	quetiapine	60 tablets per month	
Seroquel XR	quetiapine	60 tablets per month	
Serzone 50mg, 100mg, 250mg	nefazodone	60 tablets per month	
Serzone	nefazodone 150mg	120 tablets per month	
Serzone	nefazodone 200mg	90 tablets per month	
Silenor 10mg, 25mg, 50mg, 75mg	doxepin	30 capsules per month	
Silenor 100mg	doxepin	90 capsules per month	
Silenor 150mg	doxepin	60 capsules per month	
SF ROWASA 4 GRAM/60 ML ENEMA	MESALAMINE	30 bottles per 30 days	
SIGNIFOR 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML AMPULE	PASIREOTIDE DIASPARTATE	60 ampules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
SIGNIFOR LAR 20 MG KIT	PASIREOTIDE PAMOATE	1 kit per 28 days	
SIGNIFOR LAR 20 MG VIAL	PASIREOTIDE PAMOATE	1 vial per 28 days	
SIGNIFOR LAR 40 MG KIT	PASIREOTIDE PAMOATE	1 kit per 28 days	
SIGNIFOR LAR 40 MG VIAL	PASIREOTIDE PAMOATE	1 vial per 28 days	
SIGNIFOR LAR 60 MG KIT	PASIREOTIDE PAMOATE	1 kit per 28 days	
SIGNIFOR LAR 60 MG VIAL	PASIREOTIDE PAMOATE	1 vial per 28 days	
SILIQ 210 MG/1.5 ML SYRINGE	BRODALUMAB	3 syringes per 28 days	
Simponi 50mg	Golimumab	0.5 ml (1 syringe) per 28 days	
Simponi 100mg	Golimumab	3 ml (3 syringes) for the first month, then 1 ml (1 syringe) per 28 days	
Singulair	montelukast	30 tablets per month	
SINEMET 10/100 mg, 25/100 mg, 25/250 mg TABLET	CARBIDOPA/LEVOD OPA	240 tablets per 30 days	
SINEMET CR 25/100 mg, 50/200 mg TABLET	CARBIDOPA/LEVOD OPA	240 tablets per 30 days	
SIRTURO 100 MG TABLET	BEDAQUILINE	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
SITAVIG 50 MG BUCCAL TABLET	ACYCLOVIR DR	30 tablets per 30 days	
SIVEXTRO 200 MG TABLET	TEDIZOLID PHOSPHATE	30 tablets per 30 days	
SIVEXTRO 200 MG VIAL	TEDIZOLID PHOSPHATE	30 vials per 30 days	
SKELAXIN 400 MG TABLET	METAXOLONE	240 tablets per 30 days	
SKELAXIN 800 MG TABLET	METAXALONE	120 tablets per 30 days	
SKYLA INTRAUTERINE SYSTEM	LEVONORGESTREL INTRAUTERINE	1 system per 3 years	
SOLIQUA 100 UNIT-33 MCG/ML PEN	INSULIN GLARGINE/LIXISENA TIDE	6 pens per 30 days	
SOLIRIS 300 MG/30 ML VIAL	ECULIZUMAB	12 vials per 28 days	
SOLODYN ER 45 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg, 105 mg, 115 mg, 135 mg TABLET	MINOCYCLINE HYDROCHLORIDE	30 tablets per 30 days	
SOLTAMOX 10 MG/5 ML SOLUTION	TAMOXIFEN	600 ml per 30 days	
Soma	Carisoprodol	120 tablets per 30 days	
SOMA COMPOUND	CARISOPRODOL/ASPIRIN	120 tablets per 30 days	
SOMA COMPOUND WITH CODEINE	CARISOPRODOL/ASPIRIN/CODEINE	120 tablets per 30 days	
SOMATULINE DEPOT 120 MG/0.5 ML	LANREOTIDE	0.5 mL per 28 days	



Brand Name	Generic Name	Quantity Limit	Indication
SOMATULINE DEPOT 60 MG/0.2 ML INJECTION	LANREOTIDE	1 syringe (0.2mL) per 28 days	
SOMATULINE DEPOT 90 MG/0.3 ML INJECTION	LANREOTIDE	1 syringe (0.3mL) per 28 days	
SOMAVERT mg, 15 mg, 25 mg, 30 mg VIAL	PEGVISOMANT	30 vials per 30 days	
SOMAVERT 20 MG VIAL	PEGVISOMANT	30 vials per 30 days	
SOMNOTE 500 MG SOFTGEL	CHLORAL HYDRATE	60 softgels per 30 days	
Sonata	zaleplon	30 tablets per month	
SORIATANE 10 MG CAPSULE	ACITRETIN	120 capsules per 30 days	
SORIATANE 17.5 mg, 25 mg CAPSULE	ACITRETIN	60 capsules per 30 days	
SOVALDI 400 MG TABLET	SOFOSBUVIR	30 tablets per 30 days	
Spinraza Intrathecal Solution 2.4mg/1ml	Nusinersen	Initial, 12 mg intrathecally every 14 days for 3 doses (loading doses); then, a fourth loading dose of 12 mg intrathecally 30 days after the third loading dose, then Maintenance,	

Brand Name	Generic Name	Quantity Limit	Indication
		12 mg intrathecally every 4 months	
Spiriva Handihaler	tiotropium	30 capsules (1 handihaler) per month	
Spiriva Respimat	Tiotropium	4 grams (1 inhaler) per month	
SPORANOX 10 MG/ML SOLUTION	ITRACONAZOLE	600 ml per 30 days	
SPORANOX 100 MG CAPSULE	ITRACONAZOLE	120 capsules per 30 days	
SPRITAM 1000 MG TABLET	LEVETIRACETAM FOR SUSPENSION	90 tablets per 30 days	
SPRITAM 1000 MG TABLET	LEVETIRACETAM	60 tablets per 30 days	
SPRITAM 250 MG TABLET	LEVETIRACETAM FOR SUSPENSION	120 tablets per 30 days	
SPRITAM 250 MG TABLET	LEVETIRACETAM	180 tablets per 30 days	
SPRITAM 500 MG TABLET	LEVETIRACETAM FOR SUSPENSION	120 tablets per 30 days	
SPRITAM 500 MG TABLET	LEVETIRACETAM	180 tablets per 30 days	
SPRITAM 750 MG TABLET	LEVETIRACETAM FOR SUSPENSION	120 tablets per 30 days	
SPRITAM 750 MG TABLET	LEVETIRACETAM	120 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
SPRIX 15.75 MG NASAL SPRAY	KETOROLAC TROMETHAMINE	1 bottle per 30 days	
SPRYCEL 20 mg, 50 mg, 70 mg, 80 mg, 100 mg, 140 mg TABLET	DASATINIB	30 tablets per 30 days	
STADOL NS 10 MG/ML SPRAY	BUTORPHANOL TARTRATE	5 bottles per 30 days	
STALEVO 50 mg, 75 mg, 100 mg, 125 mg, 150 mg TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	240 tablets per 30 days	
STALEVO 200 MG TABLET	CARBIDOPA/LEVODOPA/ENTACAPONE	180 tablets per 30 days	
STARLIX 60 mg, 120 mg TABLET	NATEGLINIDE	90 tablets per 30 days	
STAVZOR DR 125 mg, 250 mg MG CAPSULE	VALPROIC ACID DR	240 capsules per 30 days	
STAVZOR DR 500 MG CAPSULE	VALPROIC ACID DR	270 capsules per 30 days	
Steglatro 5mg, 15mg	Ertugliflozin	30 tablets per 30 days	
Steglujan 5mg/100mg	Ertugliflozin/sitagliptin	30 tablets per 30 days	
Steglujan 15mg/100mg	Ertugliflozin/sitagliptin	30 tablets per 30 days	
STELARA 130 MG/26 ML VIAL	USTEKINUMAB	4 vials per 28 days	
STELARA 45 MG/0.5 ML INJECTION SYRINGE	USTEKINUMAB	1 syringe per 28 days	
STELARA 90 MG/ML INJECTION SYRINGE	USTEKINUMAB	1 syringe per 28 days	
Stiolto Respimat	tiotropium and olodaterol	1 inhaler per month	

Brand Name	Generic Name	Quantity Limit	Indication
STIVARGA 40 MG TABLET	REGORAFENIB	84 tablets per 28 days	
Strattera 10mg, 18mg, 25mg, 40mg	atomoxetine	60 capsules per month	
Strattera 60mg, 80mg, 100mg	atomoxetine	30 tablets per month	
STRIANT 30 MG MUCOADHESIVE	TESTOSTERONE	60 systems per 30 days	
Stribild	elvitegravir, cobicistat, emtricitabine, tenofovir disoproxil fumarate	30 tablets per month	
Striverdi Respimat	olodaterol	1 inhaler per 30 days	
Sublocade	buprenorphine	1 injection per 28 days	
SUBLOCADE 100 MG/0.5 ML	BUPRENORPHINE EXTENDED-RELEASE	1 injection per 28 days	
SUBLOCADE 300 MG/1.5 ML	BUPRENORPHINE EXTENDED-RELEASE	1 injection per 28 days	
Suboxone Film	buprenorphine/naloxone	60 film strips per month	
SUBSYS 100 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINGUAL	120 blisters per 30 days	
SUBSYS 1200 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINGUAL	120 blisters per 30 days	
SUBSYS 1600 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINGUAL	120 blisters per 30 days	
SUBSYS 200 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINGUAL	120 blisters per 30 days	
SUBSYS 400 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINGUAL	120 blisters per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
SUBSYS 600 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days	
SUBSYS 800 MCG SUBLINGUAL SPRAY	FENTANYL SUBLINQUAL	120 blisters per 30 days	
Subutex	buprenorphine	60 tablets per month	
SULAR	NISOLDIPINE	30 tablets per 30 days	
SULFAZINE 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days	
SULFAZINE EC 500 MG TABLET	SULFASALAZINE	360 tablets per 30 days	
SUPARTZ 25 MG/2.5 ML SYRINGE	HYALURONATE SODIUM	12.5 mL (5 syringes) per knee per 35 days	
SUPARTZ FX 25 MG/2.5 ML SYRINGE	HYALURONATE SODIUM	12.5 mL (5 syringes) per knee per 35 days	
Supprelin LA	Histrelin acetate	One implant per 12 months	
SUSTIVA 50 MG CAPSULE	EFAVIRENZ	90 capsules per 30 days	
SUSTIVA 200 MG CAPSULE	EFAVIRENZ	60 capsules per 30 days	
SUSTIVA 600 MG TABLET	EFAVIRENZ	30 capsules per 30 days	
SUSTOL 10 MG/0.4 ML SYRINGE	GRANISETRON	0.4 mL (1 syringe) per 7 days.	

Brand Name	Generic Name	Quantity Limit	Indication
		Maximum 6 months	
SUTENT	SUNITINIB	30 capsules per 30 days	
Symbicort	budesonide;formoterol	1 inhalation aerosol per month	
Symbyax	olanzapine/fluoxetine	30 capsules per month	
Symdeko	Tezacaftor/ivacaftor and ivacaftor	60 tablets per 30 days	
Symfi	Efavirenz, lamivudine, tenofovir	30 tablets in 30 days	
Symfi Lo	Efavirenz, lamivudine, tenofovir	30 tablets in 30 days	
SYMLINPEN 120 PEN INJECTOR	PRAMLINTIDE	10.8 mL (4 pens/2 boxes) per 30 days	
SYMLINPEN 60 PEN INJECTOR	PRAMLINTIDE	6 mL (4 pens/2 boxes) per 33 days	
SYMPROIC 0.2 MG TABLET	NALDEMEDINE	30 tablets per 30 days	
Synagis 50mg, 100mg	palivizumab	1 vial per month	
SYNALGOS-DC CAPSULE	DIHYDROCODEINE/A SPIRIN/CAFFEINE	300 capsules per 30 days	
SYNAREL 2 MG/ML NASAL SPRAY	NAFARELIN ACETATE	32 mL (4 boxes) per 26 days	
Synjardy 5/500, 5/1000, 12.5/500, 12.5/1000	Empagliflozin/metformin	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Synvisc	hylan G-F 20	6ml per 6 months per knee	
Synvisc One	hylan G-F 20	6ml per 6 months per knee	
Tafinlar 75mg cap	dabrafenib	120 caps/30 days	
Tafinlar 50mg cap	dabrafenib	120 caps/30 days	
TAGRISSE	OSIMERTINIB	30 tablets per 30 days	
TALTZ	IXEKIZUMAB	3 mL (3 syringes) every 28 days	
TALWIN NX 50MG/0.5MG TABLET	PENTAZOCINE/NALOXONE	90 tablets per 30 days	
Tamiflu	oseltamivir	42 capsules per 6 months	
Tamiflu 6mg/ml	oseltamivir	180ml per 6 months	
TANZEUM	ALBIGLUTIDE	2 mL (4 pens) per 28 days	
TARCEVA 100 MG TABLET	ERLOTINIB HYDROCHLORIDE	30 tablets per 30 days	
TARCEVA 25 MG, 150 MG TABLET	ERLOTINIB HYDROCHLORIDE	60 tablets per 30 days	
TARKA	TRANDOLAPRIL/VERAPAMIL	30 tablets per 30 days	
TASIGNA	NILOTINIB	120 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
TASMAR 100 MG TABLET	TOLCAPONE	180 tablets per 30 days	
TAZTIA XT 120 MG, 180 MG, 300 MG, 360 MG CAPSULE	DILTIAZEM	30 capsules per 30 days	
TAZTIA XT 240 MG CAPSULE	DILTIAZEM	60 capsules per 30 days	
TECHNIVIE DOSE PACK	OMBITASVIR/PARITAPREVIR/RITONAVIR	60 tablets per 30 days, 12 week treatment period	
Tecfidera Starter Pack	dimethyl fumarate	60 capsules per 30 days	
Tecfidera 120 mg	dimethyl fumarate	14 capsules per 7 days	
Tecfidera 240 mg	dimethyl fumarate	60 capsules per 30 days	
Tegretol 100mg, 200mg	carbamazepine	240 tablets per month	
Tegretol XR 100mg	carbamazepine	60 tablets per month	
Tegretol XR 200mg, 400mg	carbamazepine	120 tablets per month	
TEKTURNA 150 MG, 300 MG TABLET	ALISKIREN	30 tablets per 30 days	
TEKTURNA HCT TABLET	ALISKIREN/HCTZ	30 tablets per 30 days	
TENEX 1 MG TABLET	GUANFACINE IMMEDIATE-RELEASE	90 tablets per 30 days	



Brand Name	Generic Name	Quantity Limit	Indication
TENEX 2 MG TABLET	GUANFACINE IMMEDIATE- RELEASE	60 tablets per 30 days	
TESTIM 1% (50 MG) GEL TUBES	TESTOSTERONE	300 grams (60 tubes) per 30 days	
TESTOPEL 75 MG PELLETS	TESTOSTERONE IMPLANT	6 pellets per 3 months	
TESTRED 10 MG CAPSULE	METHYLTESTOSTER ONE	150 capsules per 30 days	
TEVETEN 400 MG TABLET	EPROSARTAN	60 tablets per 30 days	
TEVETEN 600 MG TABLET	EPROSARTAN	30 tablets per 30 days	
TEVETEN 600-12.5 MG, 600- 25 MG TABLET	EPROSARTAN/HCTZ	30 tablets per 30 days	
THALOMID 50 MG, 100 MG CAPSULE	THALIDOMIDE	30 capsules per 30 days	
THALOMID 150 MG, 200 MG CAPSULE	THALIDOMIDE	60 capsules per 30 days	
Thorazine	chlorpromazine	120 tablets per 30 days	
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG CAPSULE SA	DILTIAZEM	30 capsules per 30 days	
TIAZAC 240 MG CAPSULE SA	DILTIAZEM	60 capsules per 30 days	
TICANASE KIT NASAL SPRAY	FLUTICASONE/SALIN E	16 grams (1 device/120 sprays) per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
TICLID 250 MG TABLET	TICLOPIDINE	60 tablets per 30 days	
TIGAN 100 MG/ML VIAL	TRIMETHOBENZAMIDE	240 mL per 30 days	
TIGAN 300 MG CAPSULE	TRIMETHOBENZAMIDE	120 capsules per 30 days	
TIKOSYN	DOFETILIDE	60 capsules per 30 days	
TINDAMAX 250 MG TABLET	TINIDAZOLE	240 tablets per 30 days	
TINDAMAX 500 MG TABLET	TINIDAZOLE	120 tablets per 30 days	
Tivicay 10mg	dolutegravir	30 tablets per month	
Tivicay 25mg	dolutegravir	120 tablets per month	
Tivicay 50mg	dolutegravir	60 tablets per month	
TIVORBEX 20 MG, 40 MG CAPSULE	INDOMETHACIN SUBMICRONIZED	90 capsules per 30 days	
TOBI 300 MG/5 ML INHALATION SOLUTION VIAL	TOBRAMYCIN	280 mL (56 vials/1 box) per 28 days	
TOBI PODHALER 28 MG CAPSULES	TOBRAMYCIN	240 capsules per 30 days	
Tofranil 10mg	imipramine	120 tablets per month	
Tofranil 25mg	imipramine	60 tablets per month	
Tofranil 50mg	imipramine	120 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
TOLAZAMIDE 250 MG TABLET	TOLAZAMIDE	30 tablets per 30 days	
TOLAZAMIDE 500 MG TABLET	TOLAZAMIDE	60 tablets per 30 days	
TOLBUTAMIDE 500 MG TABLET	TOLBUTAMIDE	180 tablets per 30 days	
TOLECTIN	TOLMETIN	90 tablets per 30 days	
Topamax	topiramate	120 tablets per month	
TORADOL 10 MG TABLET	KETOROLAC	120 tablets per 30 days	
Toujeo Max SoloStar Pen 300 units/ml	Insulin glargine	12ml (4 pens) per 30 days	
Toujeo SoloStar Pen 300 units/ml	insulin glargine	9ml (6 pens) per 30 days	
TOVIAZ ER	FESOTERODINE	30 tablets per 30 days	
TRACLEER 32 MG TABLET FOR SUSP	BOSENTAN	120 tablets per 30 days	
TRACLEER 62.5 MG, 125 MG TABLET	BOSENTAN	60 tablets per 30 days	
Tradjenta	linagliptin	30 tablets per month	
TRANSDERM-SCOP PATCH	SCOPOLAMINE	12 patches per 30 days	
Tranxene-T 3.75mg, 15mg	clorazepate	120 tablets per month	
Tranxene-T 7.5mg	clorazepate	240 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Trelegy Ellipta	fluticasone/umeclidiniu m/vilanterol	1 inhaler per month	
TRELSTAR 11.25 MG SYRINGE	TRIPTORELIN PAMOATE	2 mL (1 kit) per 12 weeks	
TRELSTAR 22.5 MG SYRINGE	TRIPTORELIN PAMOATE	2 mL (1 kit) per 24 weeks	
TRELSTAR 3.75 MG SYRINGE	TRIPTORELIN PAMOATE	2 mL (1 kit) per 4 weeks	
TREMFYA 100 MG/ML SYRINGE	GUSELKUMAB	1 mL (1 syringe) per 28 days	
TREXIMET 10 MG/60 MG, 85 MG/500 MG TABLET	SUMATRIPTAN/NAPR OXEN SODIUM	9 tablets per 30 days	
TREZIX CAPSULE	ACETAMINOPHEN/C AFFEINE/DIHYDROC ODEINE	300 capsules per 30 days	
TRIBENZOR	AMLODIPINE/OLMES ARTAN/HCTZ	30 tablets per 30 days	
TRICOR 145 MG TABLET	FENOFIBRATE NANOCRYSTALLIZE D	30 tablets per 30 days	
TRICOR 48 MG TABLET	FENOFIBRATE NANOCRYSTALLIZE D	60 tablets per 30 days	
TRIESENCE 40 MG/ML INTRAOCULAR INJ VIAL	TRIAMCINOLONE INTRAOCULAR	2 mL per 30 days	
TRIGLIDE 160 MG TABLET	FENOFIBRATE NANOCRYSTALLIZE D	30 tablets per 30 days	
Trileptal 150mg, 600mg	oxcarbazepine	120 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Trileptal 300mg	oxcarbazepine	120 tablets per month	
TRILIPIX 135 MG DR CAPSULE	FENOFIBRIC ACID (CHOLINE)	30 capsules per 30 days	
TRILIPIX 45 MG DR CAPSULE	FENOFIBRIC ACID (CHOLINE)	60 capsules per 30 days	
TRINTELLIX 5 MG, 10 MG TABLET	VORTIOXETINE	60 tablets per 30 days	
TRINTELLIX 20 MG TABLET	VORTIOXETINE	30 tablets per 30 days	
TRIPTODUR 22.5 MG KIT	TRIPTORELIN	2 mL (1 syringe) per 24 weeks	
Triumeq	abacavir, dolutegravir, lamivudine	30 tablets per month	
Trizivir	abacavir/lamivudine/zidovudine	60 tablets per month	
Trogarzo	Ibalizumab	14 vials the first month, then 8 vials per 28 days	
TROKENDI XR 25 MG, 50 MG CAPSULE	TOPIRAMATE ER	120 capsules per 30 days	
TROKENDI XR 100 MG CAPSULE	TOPIRAMATE ER	90 capsules per 30 days	
TROKENDI XR 200 MG CAPSULE	TOPIRAMATE ER	60 capsules per 30 days	
TRULANCE 3 MG TABLET	PLECANATIDE	30 tablets per 30 days	
TWINRIX VACCINE	HEPATITIS A & B VACCINE	4 mL per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
TWYNSTA	AMLODIPINE/TELMISARTAN	30 tablets per 30 days	
TYBOST 150 MG TABLET	COBICISTAT	30 tablets per 30 days	
TYKERB 250 MG TABLET	LAPATINIB	180 tablets per 30 days	
Trulicity 1.5mg/0.5ml	dulaglutide	2ml (4 pens) per 28 days	
Trulicity 0.75mg/0.5ml	dulaglutide	2ml (4 pens) per 28 days	
Truvada	emtricitabine/tenofovir disoproxil	30 tablets per month	
Tudorza Pressair	acridinium bromide	1 inhalation device per month	
Tylenol with codeine	codeine/acetaminophen	180 tablets per month	
Tylenol with codeine solution	codeine/acetaminophen solution	2700 ml per month	
TYLENOL 100 MG/ML, 80 MG/0.8 ML LIQUID (INFANTS SILAPAP)	ACETAMINOPHEN	240 mL per 30 days	
TYLENOL 120 MG, 160 MG TAB/CAP/SUPPOSITORY	ACETAMINOPHEN	600 tablets/capsules/suppositories per 30 days	
TYLENOL 160 MG/5 ML, 80 MG/2.5 ML LIQUID	ACETAMINOPHEN	2250 mL per 30 days	
TYLENOL 320 MG/10 ML, 325 MG/10.15 ML, 650 MG/20.3 ML LIQUID	ACETAMINOPHEN	3000 mL per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
TYLENOL 325 MG TAB/CAP/SUPPOSITORY	ACETAMINOPHEN	300 tablets/capsul es/suppositori es per 30 days	
TYLENOL 500 MG, 650 MG CAP/TAB/SUPPOSITORY	ACETAMINOPHEN	180 tablets/capsul es/suppositori es per 30 days	
TYLENOL 500 MG/15 ML LIQUID	ACETAMINOPHEN	2700 mL per 30 days	
TYLENOL 500 MG/5 ML LIQUID	ACETAMINOPHEN	900 mL per 30 days	
TYLENOL 640 MG/20 ML LIQUID	ACETAMINOPHEN	3750 mL per 30 days	
TYLENOL 80 MG TAB/CAP/SUPPOSITORY	ACETAMINOPHEN	900 tablets/capsul es/suppositori es per 30 days	
TYMLOS 80 MCG DOSE PEN INJECTOR	ABALOPARATIDE	1.56 mL (1 pen) per 30 days	
TYSABRI 300 MG/15 ML INJECTION VIAL	NATALIZUMAB	15 mL (1 vial) per 28 days	
TYVASO	TREPROSTINIL	87 mL per 30 days	
TYZEKA 600 MG TABLET	TELBIDVUDINE	30 tablets per 30 days	
ULORIC 40 MG TABLET	FEBUXOSTAT	30 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ULORIC 80 MG TABLET	FEBUXOSTAT	45 tablets per 30 days	
Ultracet	tramadol/acetaminophen	240 tablets per month	
Ultram	tramadol	240 tablets per month	
ULTRAM ER	TRAMADOL ER	30 tablets per 30 days	
UNIRETIC	MOEXIPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days	
UNIVASC	MOEXIPRIL	60 tablets per 30 days	
UPTRAVI 200 MCG-800 MCG TITRATION PACK	SELEXIPAG	200 tablets (1 package) per 43 days	
UPTRAVI TABLET	SELEXIPAG	60 tablets per 30 days	
Urecholine 5mg, 10mg, 25mg, 50mg	bethanechol	120 tablets per month	
UROXATRAL 10 MG TABLET	ALFUZOSIN	30 tablets per 30 days	
URSO TABLET	URSODIOL	90 tablets per 30 days	
UTIBRON NEOHALER	INDACATEROL/GLYCOPYRROLATE	60 capsules (1 device) per 30 days	
VALTURNA	ALISKIREN/VALSARTAN	30 tablets per 30 days	
Valtrex 1000mg	Valacyclovir	30 tablets per month	



Brand Name	Generic Name	Quantity Limit	Indication
Valtrex 500mg	Valacyclovir	60 tablets per month	
Valium 2mg, 10mg	diazepam	120 tablets per month	
Valium 5mg	diazepam	240 tablets per month	
Vantas	histrelin acetate	1 implant per 12 months	
VANATOL LQ 50 MG-325 MG-40 MG/15 ML ORAL SOLUTION	BUTALBITAL/ACETAMINOPHEN/CAFFEINE	270 mL per 30 days	
VAQTA 25 UNITS/0.5 ML VIAL	HEPATITIS A VIRUS VACCINE	0.5 mL per 6 months	
VAQTA 50 UNITS/ML VIAL	HEPATITIS A VIRUS VACCINE	1 mL per 6 months	
VARIVAX VACCINE VIAL	VARICELLA VACCINE	1 vial per 28 days	
VARUBI 90 MG TABLET	ROLAPITANT	60 tablets per 30 days	
VASCEPA 0.5 GM CAPSULE	ICOSAPENT ETHYL	240 capsules per 30 days	
VASCEPA 1 GM CAPSULE	ICOSAPENT ETHYL	120 capsules per 30 days	
VASERETIC 5 MG/12.5 MG, 10 MG/25 MG TABLET	ENALAPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days	
VASOTEC 2.5 MG, 5 MG, 10 MG, 20 MG TABLET	ENALAPRIL	60 tablets per 30 days	
VECAMYL 2.5 MG TABLET	MECAMYLAMINE	300 tablets per 30 days	
VELPHORO 500 MG CHEWABLE TABLET	SUCROFERRIC OXYHYDROXIDE	180 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
VELTASSA 8.4 GM, 16.8 GM, 25.2 GM POWDER PACKET	PATIROMER SORBITEX CALCIUM	30 packets per 30 days	
VEMLIDY 25 MG TABLET	TENOFOVIR ALAFENAMIDE FUMARATE	30 tablets per 30 days	
VENCLEXTA 10 MG TABLET	VENETOCLAX	60 tablets per 30 days	
VENCLEXTA 100 MG TABLET	VENETOCLAX	120 tablets per 30 days	
VENCLEXTA 50 MG TABLET	VENETOCLAX	30 tablets per 30 days	
VENLAFAXINE ER 37.5 MG, 75 MG, 150 MG, 225 MG TABLET	VENLAFAXINE	30 tablets per 30 days	
VENOFER 100 MG/5 ML, 200 MG/10 ML VIAL	IRON SUCROSE COMPLEX	600 ML per 30 days	
VENOFER 50 MG/2.5 ML VIAL	IRON SUCROSE COMPLEX	150 ML per 30 days	
Ventolin HFA	albuterol inhaler	2 inhalers per month	
VERZENIO 50 MG, 100 MG, 150 MG, 200 MG TABLET	ABEMACICLIB	60 tablets per 30 days	
VESICARE 5 MG, 10 MG TABLET	SOLIFENACIN	30 tablets per 30 days	
VIBERZI 75 MG, 100 MG TABLET	ELUXADOLINE	60 tablets per 30 days	
VICODIN 5 MG/300 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	300 tablets per 30 days	
VICODIN ES 7.5 MG/300 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	180 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
VICODIN HP 10 MG/300 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	150 tablets per 30 days	
Vicoprofen	hydrocodone/ibuprofen	150 tablets per month	
Victoza	Liraglutide	9 mL (3 pens) per month	
Videx 250 and 400mg	didanosine	30 capsules per month	
Viekira Pak	Ombitasvir/paritaprevir/r itonavir; dasabuvir	112 tablets per month	
VIEKIRA XR TABLET	DASABUVIR/OMBITA SVIR/PARITAPREVR/ RITONAVIR ER	90 tablets per 30 days	
Viibryd	vilazodone	30 tablets per month	
VIMOVO 375 MG/20 MG, 500 MG/20 MG TABLET	NAPROXEN/ESOMEPRAZOLE	60 tablets per 30 days	
VIMPAT 10 MG/ML SOLUTION	LACOSAMIDE	1200 ML per 30 days	
VIMPAT 100 MG, 150 MG, 200 MG TABLET	LACOSAMIDE	60 tablets per 30 days	
VIMPAT 50 MG TABLET	LACOSAMIDE	120 tablets per 30 days	
Viracept 250mg	nelfinavir	270 tablets per month	
Viracept 625mg	nelfinavir	120 tablets per month	
Viramune 200mg	nevaripine	60 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
VIRAMUNE 50 MG/5 ML ORAL SUSPENSION	NEVIRAPINE	1200 ML per 30 days	VIRAMUNE 50 MG/5 ML ORAL SUSPENSION
VIRAMUNE XR 100 MG TABLET	NEVIRAPINE	90 tablets per 30 days	
Viramune XR 400mg	nevaripine	30 tablets per month	
VIREAD 150 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE (TDF)	60 tablets per 30 days	
VIREAD 200 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE (TDF)	45 tablets per 30 days	
VIREAD 250 MG, 300 MG TABLET	TENOFOVIR DISOPROXIL FUMARATE (TDF)	30 tablets per 30 days	
VIREAD 40 MG/SCOOP POWDER	TENOFOVIR DISOPROXIL FUMARATE (TDF)	225 scoops per 30 days	
VITEKTA 85 MG, 150 MG TABLET	ELVITEGRAVIR	30 tablets per 30 days	
Vivactil 5mg	Protriptyline	360 tablets per month	
Vivactil 10mg	Protriptyline	180 tablets per month	
VIVITROL INJECTABLE SUSPENSION KIT	NALTREXONE	1 kit per 28 days	
VIVLODEX 5 MG, 10 MG CAPSULE	MELOXICAM	30 capsules per 30 days	
VIVOTIF BERNA EC CAPSULE	TYPHOID VACCINE	4 capsules per 7 days	

Brand Name	Generic Name	Quantity Limit	Indication
Voltaren gel	Diclofenac sodium	1000 grams per 30 days	
VOLTAREN EC 50 MG TABLET	DICLOFENAC SODIUM DR	120 tablets per 30 days	
VOLTAREN EC 75 MG TABLET	DICLOFENAC SODIUM DR	90 tablets per 30 days	
VOLTAREN XR 100 MG TABLET	DICLOFENAC SODIUM ER	60 tablets per 30 days	
VOSEVI 400-100-100 MG TABLET	SOFOBUVIR/VELPATAS/VOXILAPREV	30 tablets per 30 days	
VOTRIENT 200 MG TABLET	PAZOPANIB HYDROCHLORIDE	120 tablets per 30 days	
V-R BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 test strips per 30 days	
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG CAPSULE	CARIPRAZINE	30 capsules per 30 days	
VRAYLAR 1.5 MG/3 MG PACK	CARIPRAZINE	30 capsules per 30 days	
VYTORIN 10/10, 10/20, 10/40, 10/80 TABLET	EZETIMIBE/SIMVASTATIN	30 tablest per 30 days	
Vyvanse	lisdexamfetamine	30 capsules per month	
WAVESENSE PRESTO BLOOD GLUCOSE TEST STRIPS	BLOOD GLUCOSE TEST STRIPS	150 strips per 30 days	
WELCHOL 3.75 GRAM POWDER PACKET	COLESEVELAM	30 packet per 30 days	
WELCHOL 625 MG TABLET	COLESEVELAM	180 tablets per 30 days	
Wellbutrin 75mg	bupropion hcl	180 tablets per month	

Brand Name	Generic Name	Quantity Limit	Indication
Wellbutrin 100mg	bupropion hcl	120 tablets per month	
Wellbutrin SR 100mg	bupropion hcl sr	60 tablets per month	
Wellbutrin SR 150mg	bupropion hcl sr	60 tablets per month	
Wellbutrin SR 200mg	bupropion hcl sr	60 tablets per month	
Wellbutrin XL 150mg	bupropion hcl xl	30 tablets per month	
Wellbutrin XL 300mg	bupropion hcl xl	30 tablets per month	
XADAGO 50 MG, 100 MG TABLET	SAFINAMIDE MESYLATE	30 tablets per 30 days	
XALKORI 200 MG, 250 MG CAPSULE	CRIZOTINIB	60 tablets per 30 days	
Xanax 0.25mg, 0.5mg, 2mg	alprazolam	90 tablets per month	
Xanax 1mg	alprazolam	180 tablets per month	
XANAX XR 0.5 MG, 1 MG, 2 MG, 3 MG TABLET	ALPRAZOLAM ER	60 tablets per 30 days	
XARELTO 10 MG, 20 MG TABLET	RIVAROXOBAN	30 tablets per 30 days	
XARELTO 15 MG TABLET	RIVAROXOBAN	60 tablets per 30 days	
XARELTO STARTER PACK	RIVAROXOBAN	51 tablets per 30 days	
Xeljanz	Tofacitinib citrate	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
Xeljanz XR	Tofacitinib citrate	30 tablets per 30 days	
XENAZINE 12.5 MG TABLET	TETRABENAZINE	120 tablets per 30 days	
XENAZINE 25 MG TABLET	TETRABENAZINE	120 tablets per 30 days	
XEOMIN 50 UNIT, 100 UNIT INJECTION VIAL	INCOBOTULINUMTOXIN A	4 vials per 30 days	
XEOMIN 200 UNIT INJECTION VIAL	INCOBOTULINUMTOXIN A	2 vials per 30 days	
XERESE 5%/1% CREAM	ACYCLOVIR/HYDRO CORTISONE	5 grams per 5 days	
XERMELO 250 MG TABLET	TELOTRISTAT ETHYL	90 tablets per 30 days	
XGEVA 120 MG/1.7 ML VIAL	DENOSUMAB	3 vials per 28 days	
XIAFLEX 0.9 MG VIAL	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	4 vials per 28 days	
Xifaxan 200mg	Rifaximin	9 tablets per 30 days	
Xifaxan 550mg	Rifaximin	60 tablets per 30 days	
XIGDUO XR 10/500 MG, 10/1000 MG TABLET	DAPAGLIFLOZIN/METFORMIN	30 tablets per 30 days	
XIGDUO XR 2.5-1000 MG, 5/500 MG. 5/1000 MG TABLET	DAPAGLIFLOZIN AND METFORMIN ER	60 tablets per 30 days	
XIIDRA 5% EYE DROPS	LEFITEGRAST	60 vials per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
XIMINO ER 45 MG, 90 MG, 135 MG CAPSULE	MINOCYCLINE HYDROCHLORIDE	30 tablets per 30 days	
XODOL 10 MG/300 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	150 tablets per 30 days	
XODOL 5 MG/300 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	300 tablets per 30 days	
XODOL 7.5 MG/300 MG TABLET	HYDROCODONE/ACE TAMINOPHEN	180 tablets per 30 days	
Xolair	omalizumab	6 vials per 28 days	
XOPENEX CONCENTRATE 1.25 MG/0.5 ML SOLUTION	LEVALBUTEROL CONCENTRATE SOLUTION	90 vials per 30 days	
XTAMPZA 9 MG, 36 MG CAPSULE	OXYCODONE MYRISTATE	60 tablets per 30 days	
XTAMPZA ER 13.5 MG, 18 MG, 27 MG CAPSULE	OXYCODONE MYRISTATE	60 tablets per 30 days	
XTANDI 40 MG CAPSULE	ENZALUTAMIDE	120 tablets per 30 days	
XULTOPHY 100 UNIT-3.6 MG/ML PEN	INSULIN DEGLUDEC/LIRAGLUTIDE	15ml per 30 days	
XYREM 500 MG/ML ORAL SOLUTION	SODIUM OXYBATE	540 ML per 30 days	
XYZAL 0.5 MG/ML SOLUTION	LEVOCETIRIZINE	300 ML per 30 days	
XYZAL 5 MG TABLET	LEVOCETIRIZINE	30 tablets per 30 days	
Xopenex HFA	levalbuterol	2 inhalers per month	



Brand Name	Generic Name	Quantity Limit	Indication
Yonsa 125mg	abiraterone acetate	120 tablets per 30 days	
ZAMICET 10 MG-325 MG/15 ML SOLUTION	HYDROCODONE/ACE TAMINOPHEN	2250 ML per 30 days	
ZANAFLEX 2 MG CAPSULE	TIZANIDINE	90 capsules per 30 days	
ZANAFLEX 2 MG TABLET	TIZANIDINE	90 tablets per 30 days	
ZANAFLEX 4 MG CAPSULE	TIZANIDINE	240 capsules per 30 days	
ZANAFLEX 4 MG TABLET	TIZANIDINE	240 tablets per 30 days	
ZANAFLEX 6 MG CAPSULE	TIZANIDINE	180 capsules per 30 days	
ZANTAC 1000 MG/40 ML VIAL	RANITIDINE	480 ML per 30 days	
ZANTAC 150 MG CAPSULE/TABLET	RANITIDINE	60 capsules/tablets per 30 days	
ZANTAC 150 MG/6 ML VIAL	RANITIDINE	480 ML per 30 days	
ZANTAC 300 MG CAPSULE/TABLET	RANITIDINE	30 capsules/tablets per 30 days	
ZANTAC 50 MG/2 ML VIAL	RANITIDINE	480 ML per 30 days	
ZANTAC 75 MG TABLET	RANITIDINE	60 tablets per 30 days	
ZARONTIN 250 MG CAPSULE	ETHOSUXIMIDE	180 capsules per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ZARONTIN 250 MG/5 ML SOLUTION	ETHOSUXIMIDE	900 ML per 30 days	
ZEBUTAL 50 MG/325 MG/40 MG CAPSULE	BUTALBITAL/ACETA MINOPHEN/CAFFEINE	18 capsules per 30 days	
ZEGERID 40/1100 MG CAPSULE	OMEPRAZOLE/SODIUM BICARBONATE	30 capsules per 30 days	
ZEGERID OTC 20/1100 MG CAPSULE	OMEPRAZOLE/SODIUM BICARBONATE	30 capsules per 30 days	
ZEJULA 100 MG CAPSULE	NIRAPARIB TOSYLATE	90 capsules per 30 days	
ZELAPAR 1.25 MG ODT	SELEGILINE	60 tablets per 30 days	
ZELBORAF 240 MG TABLET	VEMURAFENIB	240 tablets per 30 days	
ZAMICET 10 MG-325 MG/15 ML SOLUTION	HYDROCODONE/ACETAMINOPHEN	2250 ML per 30 days	
ZENZEDI 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG TABLET	DEXTROAMPHETAMINE	90 tablets per 30 days	
ZENZEDI 30 MG TABLET	DEXTROAMPHETAMINE	60 tablets per 30 days	
ZEPATIER 50 MG/100 MG TABLET	ELBASVIR/GRAZOPREXIVIR	30 tablets per 30 days	
Zerit 15mg	stavudine	120 tablets per month	
Zerit 20mg, 30mg, 40mg	stavudine	60 tablets per month	
ZESTORETIC 10 MG/12.5 MG, 20 MG/12.5 MG, 20 MG/25 MG TABLET	LISINAPRIL/HYDROCHLOROTHIAZIDE	60 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ZESTRIL 2.5 MG, 10 MG, 20 MG, 30 MG TABLET	LISINOPRIL	30 tablets per 30 days	
ZESTRIL 40 MG TABLET	LISINOPRIL	60 tablets per 30 days	
ZESTRIL 5 MG TABLET	LISINOPRIL	30 tablets per 30 days	
Zetia	Ezetimibe	30 tablets per 30 days	
Ziagen 300mg	abacavir	60 tablets per month	
ZINBRYTA 150 MG/ML SYRINGE	DACLIZUMAB	1 syringe per 30 days	
ZIPSOR 25 MG CAPSULE	DICLOFENAC POTASSIUM	120 capsules per 30 days	
ZITHROMAX I.V. 500 MG VIAL	AZITHROMYCIN	30 vials per 30 days	
ZOCOR 5 MG, 10 MG, 20 MG TABLET	SIMVASTATIN	45 tablets per 30 days	
ZOCOR 40 MG, 80 MG TABLET	SIMVASTATIN	30 tablets per 30 days	
ZOFRAN 2 MG/ML VIAL	ONDANSETRON	720 ML per 30 days	
ZOFRAN 24 MG TABLET	ONDANSETRON	30 tablets per 30 days	
ZOFRAN 4 MG TABLET	ONDANSETRON	120 tablets per 30 days	
ZOFRAN 4 MG/5 ML ORAL SOLUTION	ONDANSETRON	600 ML per 30 days	
ZOFRAN 8 MG TABLET	ONDANSETRON	90 tablets per 30 days	

Brand Name	Generic Name	Quantity Limit	Indication
ZOFRAN ODT 4 MG, 8 MG TABLET	ONDANSETRON	90 tablets per 30 days	
ZOXYDRO ER 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG CAPSULE	HYDROCODONE ER	60 tablets per 30 days	
ZOLADEX 10.8 MG IMPLANT SYRINGE	GOSERELIN	1 syringe per 84 days	
Zoloft 25mg, 50mg	sertraline	30 tablets per month	
Zoloft 100mg	Sertraline	60 tablets per month	
Zoloft solution	Sertraline 20mg/mL solution	300mL per month	
ZOMETA 4 MG/100 ML INJECTION VIAL	ZOLEDRONIC ACID	100 mL per 7 days	
ZOMETA 4 MG/5 ML VIAL	ZOLEDRONIC ACID	5 mL per 7 days	
ZOMIG 2.5 MG, 5 MG TABLET	ZOLMITRIPTAN	6 tablets per 30 days	
ZOMIG 5 MG NASAL SPRAY	ZOLMITRIPTAN	6 doses per 30 days	
ZOMIG-ZMT 2.5 MG, 5 MG ODT	ZOLMITRIPTAN	6 tablets per 30 days	
ZONEGRAN 25 MG, 50 MG, 100 MG CAPSULE	ZONISAMIDE	180 tablets per 30 days	
ZONTIVITY 2.08 MG TABLET	VORAPAXAR	30 tablets per 30 days	
ZORVOLEX 18 MG, 35 MG CAPSULE	DICLOFENAC	90 capsules per 30 days	
ZOSTAVAX VACCINE VIAL	ZOSTER VACCINE	1 vial per 90 days	

Brand Name	Generic Name	Quantity Limit	Indication
ZOVIRAX 5% CREAM	ACYCLOVIR	5 grams per 28 days	
ZOVIRAX 5% OINTMENT	ACYCLOVIR	30 grams per 28 days	
Zubsolv	buprenorphine/naloxone	60 tablets per month	
ZUPLENZ 4 MG, 8 MG SOLUBLE FILM	ONDANSETRON	90 films per 30 days	
ZURAMPIC 200 MG TABLET	LESINURAD	30 tablets per 30 days	
ZYBAN SR 150 MG TABLET	BUPROPION	60 tablets per 30 days	
ZYDELIG 100 MG, 150 MG TABLET	IDELALISIB	60 tablets per 30 days	
ZYFLO CR 600 MG TABLET	ZILEUTON	120 tablets per 30 days	
ZYKADIA 150 MG CAPSULE	CERITINIB	150 capsules per 30 days	
Zyprexa	olanzapine	30 tablets per month	
ZYRTEC 5 MG, 10 MG TABLET/CHEW TAB	CETIRIZINE	30 tablets per 30 days	
ZYRTEC-D TABLET	PSEUDOEPHEDRINE/ CETIRIZINE	60 tablets per 30 days	
ZYTIGA 250 MG TABLET	ABIRATERONE	120 tablets per 30 days	
ZYTIGA 500 MG TABLET	ABIRATERONE	60 tablets per 30 days	



Updated: 12/2018  
PARP Approved: 12/2018

Coverage may be provided for any non-FDA labeled indication if it is determined that the use is a medically accepted indication supported by nationally recognized pharmacy compendia or peer-reviewed medical literature for treatment of the diagnosis(es) for which it is prescribed. These requests will be reviewed on a case by case basis to determine medical necessity.

When criteria are not met, the request will be forwarded to a Medical Director for review. The physician reviewer must override criteria when, in their professional judgment, the requested medication is medically necessary.

**QUANTITY LIMIT  
PRIOR AUTHORIZATION FORM**

Please complete and fax all requested information below including any progress notes, laboratory test results, or chart documentation as applicable to Gateway Health<sup>SM</sup> Pharmacy Services. **FAX:** (888) 245-2049  
If needed, you may call to speak to a Pharmacy Services Representative.  
**PHONE:** (800) 392-1147 Monday through Friday 8:30am to 5:00pm

**PROVIDER INFORMATION**

Requesting Provider:	NPI:
Provider Specialty:	Office Contact:
Office Address:	Office Phone:
	Office Fax:

**MEMBER INFORMATION**

Member Name:	DOB:
Gateway ID:	Member weight: _____ pounds or _____ kg

**REQUESTED DRUG INFORMATION**

Medication:	Strength:
Frequency:	Duration:
Is the member currently receiving requested medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Medication Initiated:

**Billing Information**

This medication will be billed:  at a pharmacy **OR**  
 medically (if medically please provide a  
JCODE:  
Place of Service:  Hospital  Provider's office  Member's home  Other

**Place of Service Information**

Name:	NPI:
Address:	Phone:

**MEDICAL HISTORY (Complete for ALL requests)**

**Diagnosis:** \_\_\_\_\_ **ICD-10 Code:** \_\_\_\_\_

**Please provide clinical rationale for the requested drug and quantity (attach any supporting medical documentation):**


**CURRENT or PREVIOUS THERAPY**

Medication Name	Strength/ Frequency	Dates of Therapy	Status (Discontinued & Why/Current)

**Prescribing Provider Signature**

**Date**

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